AN EXPLORATION OF ISSUES OF IDENTITY AND USER INVOLVEMENT WITHIN THE CONTEXT OF AN ETHICAL APPLIED RESEARCH METHODOLOGY

BOOK ONE: THE OVERVIEW

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Contents:

Abstract

This overview presents a critical commentary on a selection of works published by **George Taylor** between 1991 and 2003, submitted in partial fulfilment of a PhD by published works 2004. The overview illustrates the progress made by the author in developing a methodology for practice based research on issues of *power and identity* in relation to deaf and disabled people.

The published works make original contributions to knowledge in the following areas:

- Theoretical.
- Methodological.
- Policy and Practice.

Debates concerning issues of identity and deaf people are contextualised within broader sociological frameworks, and explored by employing notions of *power* and *structure,* and similarities are drawn with the experience of other socially marginalised groups such as gay and lesbian people and minority ethnic communities. A Critical Social Research paradigm is used, sometimes retrospectively, as an overarching framework to bound the Social Model of Disability and user participation research approaches, as essential building blocks for conducting progressive and politically informed research. The importance of practical 'end results' and 'real world' change is emphasised as integral components of social research and examples are given of such contributions to access, support and curriculum development in further and higher education, and policy development in relation to social welfare strategies.

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Finally, my development as a researcher is due in large measure to the contribution of the many people; deaf and hearing, disabled and non-disabled, with whom I have collaborated, and who have given their time and energy to the various projects contained in the published works. To them I will always be grateful.

Chapter One: A Guide to the Overview

The Overview presents a critical commentary on a selection of published works, on the themes of identity, user involvement and ethical applied research. It is an examination of those issues and a critical reflection on the development of a research methodology to address them, and the published works provide the 'raw data' for an analysis of that development.

The published works are referred to as appropriate throughout the Overview, and not necessarily in chronological order. A bold typeface, e.g. **Taylor 1993,** will be used to differentiate the published works submitted for examination from other references, and for the sake of consistency, I will refer to myself in the third person.

The use of the D/deaf convention requires some explanation. In this Overview upper case 'Deaf' is only used to refer to those deaf people who identify themselves as members of a cultural and linguistic minority, otherwise lower case 'deaf' is used to refer to the general deaf population. A full account of the use of this convention appears in **Taylor & Bishop 1991:1** and elsewhere in the published works **Taylor 1996: 49, 1997: 116, Taylor & Darby 2003: ix.**

Please note, **Taylor, G.** ***Ethical Issues in Practice: Participatory Research and Groups.*** **Groupwork Vol. 9 (2), 1996/97, pp 110-127,** was published in 1997 in a

special edition of Groupwork covering 1996 to 1997, and is referred to as **Taylor 1997** in this Overview.

Arrangement of the Overview

Chapter Two

Chapter two examines issues of *power* and *identity* as central themes of the published works and their impact upon the development of the study of deafness. Seemingly unproblematic notions of a Deaf identity have been constructed in support of, and supported by, the development of sign languages and claims for cultural rights for members of Deaf communities, as a response to dominant medical definitions of deafness. The chapter explores these claims in relation to competing notions of identity within a diverse population, and highlights the intersections with more broadly based powerful social forces grounded in debates about racism and ethnicity, sexuality, and disability rights.

The published works are critically reviewed to assess the extent to which they offer a consistent analysis of the issues, and a credible alternative model for a better understanding of the evolution of Deaf/deaf identities. A central argument in the discussions in chapter two is the need to recognise the political imperative in identity formulation and the progress than can be achieved by contextualising D/deaf identities within a wider political landscape to include the debates and struggles of other marginalised groups.

Chapter Three

Chapter Three charts the methodological development of **Taylor's** research over a period of twelve years (the span of the published works). The chapter identifies a methodology located in a Critical Social Research paradigm, with a particular emphasis upon user participation and the Social Model of Disability (Oliver 1983). The later published works offer a more complete and consistent methodology and the chapter highlights the methodological strands as they develop in the earlier published works.

A process of reflection is employed in the published works; to identify strengths and weaknesses in the methodology, to render the research process more transparent, and to promote methodological integration.

Chapter Four

The chapter considers the extent to which the published works make original contributions to knowledge in the following areas:

- Theoretical.
- Methodological.
- Policy and Practice.

The published works contributed to theoretical debates concerning deafness and issues of identity, by introducing the notion of multiple identities in relation to deaf people as

an alternative to the developing polarised debates based upon essentialist constructs that relied exclusively on medical definitions or the status of sign-languages.

This theme in the published works is rooted in a belief that such debates are more appropriately informed by being contextualised within an understanding of wider political and social forces and questions of diversity and structural oppression.

Methodologically, the published works attempt to present a more flexible approach to studying issues of deafness by combining traditional Deaf cultural forms of data collection, such as story telling, with user based research methods like Social Action approach, bound by the epistemological demands of Critical Social Research.

Throughout the published works there is an emphasis upon practical outcomes and the development of professional practice in the areas of teaching and research and the provision of public services. Contribution has been made to the development of policy and practice through university, local authority and European project based forums, by staff training, written reports and formal presentations. The research conducted alongside deaf and disabled people has informed curriculum development and Widening Participation strategies in the higher education sector.

List of publications presented:

1. **George Taylor & Juliet Bishop (Eds), (1991)** ***Being Deaf: The Experience of Deaf People*****. London. Pinter Press.**

This book is an edited collection of accounts, mostly, by deaf people. It stems from research undertaken by **Taylor** into the culture of the Deaf community. It challenges the simplistic notion that the Deaf community is one big family and that all deaf people are welcome whoever they are and from wherever they come. It presents a series of accounts of the experiences of deaf people and demonstrates the diversity of experience and the richness of Deaf culture.

The majority of the accounts in the book are by deaf people, mostly collected by **Taylor** in interviews using sign language and video and audio recordings. The writing up of these accounts was a mixture of the deaf person writing their own story (very few), the use of a third party writer (usually an interpreter or other professional), and **Taylor** writing the account using information provided by the deaf person. It is presented here to demonstrate the foundations of a methodology that emphasises the importance of involving participants in the development and production of research, and also the primacy of the voice of the subject.

The concept and most of the implementation of the book was attributable to **Taylor.**

Bishop did not use sign language, so she collected the accounts in the book by hearing

professionals and undertook some important administrative tasks, such as applying for permissions etc. **Taylor** was responsible for the Preface and the Introduction, and for commissioning 21 of the 33 accounts.

Being Deaf was the first book of it's kind and has sold very well during the last thirteen years, having been re-printed on a number of occasions. It is particularly popular on academic courses, both in the UK and abroad, about deafness and disability, such as the training of sign-language interpreters and social workers with deaf people.

2. George Taylor (1993) *Challenges From the Margins* Published in *A Crisis in Care: Challenges to Social Work,* by John Clarke (Ed). London. Sage Publications, Pp103-146.

This is a chapter in a book edited by John Clarke as a reader for a social policy course at the Open University. It is a book about the state of the delivery of welfare services in the UK and **Taylor** was invited to contribute because of a particular interest in developing anti-oppressive professional practice and user involvement. The chapter explores the themes of marginalisation structured by professional practice and the contradictions facing social workers in attempting to help vulnerable people in society whilst implementing local and national policies.

3. **George Taylor (1996)** ***A Sense of Real Achievement? The Experience of Deaf Students in Social Work and Youth and Community Work Training*****. Social Work Education Vol. 15, No. 1. Pp46-74.**

This paper, published in a refereed journal, draws upon original empirical research initiated and undertaken by **Taylor,** exploring access to higher education for deaf people. The Faculty of Health & Community Studies at De Montfort University had some prior experience of two deaf students, and this was used as a starting point for a more broadly based exploration of how anti-oppressive practice was, or was not, being addressed in professional training. The project was funded by the Teaching & Learning Committee at De Montfort University. The research explored deaf student experiences of professional training in a number of different institutions of further and higher education. This article explores the contradictions at the heart of the implementation of anti-oppressive practice within the professional arena and uses deaf students as a case study to demonstrate wider points about structure and society.

This is an often cited piece in the field, mostly because so few people have researched this area.

4. **George Taylor (1997)** ***Ethical Issues in Practice: Participatory Social Research and Groups. Groupwork Vol. 9(2). Pp110-127.***

This paper, published in a refereed journal, was an attempt to make the process of research transparent, by working with the service user's perspective through a discussion of professional practice and notions of oppressive structures, to the behaviour and practice of the researcher. It is in no sense intended to be a "guide to research". It was essentially an exercise in the examination of one researcher's own

practice (past and present) in relation to the self-promoted principles of anti-oppressive practice. Within a Critical Social Research framework this is an important phase, in order to move on and develop good practice and provide a model for future researcher behaviour.

5. **George Taylor (1999)** ***Empowerment, Identity and Participatory Research: using social research to challenge isolation for deaf and hard of hearing people from minority ethnic communities.*** **Disability & Society, Vol. 14, No. 3. Pp369-384.**

This paper, published in a refereed journal, was produced as a result of research undertaken by **Taylor,** on behalf of the London Borough of Merton, to evaluate services to deaf and hard of hearing people from minority ethnic communities. The work was structured by the principles set out in the Ethical Issues article (**Taylor 1997**), with a particular focus upon issues of identity, and power and empowerment. The links between the theory and the implementation of anti-oppressive practice were explored in the field, with particular attention given to the complexity involved in implementing an agenda for action rather than resorting to more traditional methods of enquiry and intervention.

6. **George Taylor & James Palfreman-Kay (2000)** ***Helping Each Other: relations between disabled and non-disabled students on Access programmes.*** **Journal of Further & Higher Education, Vol. 24, No. 1. Pp39-53.**

This paper, published in a refereed journal, is part of the continuing project on disability and higher education begun by **Taylor** in 1992. By this stage the project had a more broadly based disability focus and also included an examination of transitional opportunities e.g. Access to Higher Education programmes. The area of student relations is an important thread here as it invokes the themes of the "A Sense of Real Achievement?" paper **(Taylor 1996)**, in that issues of structural oppression are complex, not simple. It is insufficient to conclude that universities are oppressive places without examining the nature of the structures that define a 'university' (of which relationships with fellow students have a central place), and the power differentials that are played out within such structures. Otherwise, all connection between the individual and the structural, the personal and the political is lost.

Taylor was the research supervisor for this phase of the project, and was responsible for the conceptual framework for the paper, joint authorship and editorial decisions.

7. George Taylor & Anne Darby (Eds), (2003). *Deaf Identities.* Coleford.

Douglas McLean.

This book is, in one sense, a follow-up to Being Deaf **(Taylor & Bishop 1991)**. But it is not simply a newer version of the same book. Deaf Identities uses a similar format to the earlier book but is more specifically focused upon issues of identity and power, and diverse and developing constructs of what it means to be deaf. This book is a direct result of Taylor's research and scholarship of the last ten years and is closely connected with the other six pieces being submitted here in two important ways:

i) The ideas and academic arguments in Deaf Identities are a development of Taylor's thinking over this period, as demonstrated in the other six pieces.

ii) Deaf Identities is central to the MÁS Project, funded by the Leonardo da Vinci II programme, a European-wide project exploring access routes to higher education for deaf and disabled people. The book contains the efforts of deaf people and academics in European partner countries (and beyond) and is therefore a practical application of the notions of collaboration and user involvement.

Taylor was approached by the publishers to produce the book. Darby was recruited by Taylor to be co-editor. She is a valued past and current collaborator with Taylor, and an activist in the Deaf Community. Taylor was responsible for the theoretical and conceptual framework for the book, for structuring the development of the work, collecting and editing all of the overseas contributions and a share of the UK based material, and joint authorship of the introductory chapter.

Chapter Two: Identity and Power.

This chapter will address *power*, as a social force (Lukes (1974 & 1986, Newman 1995, Weber, 1968), and *identity* as a social construct (Corker 1998). Both of these concepts are central to the development of deafness as a field of study, and also to the lived realities of deaf people, and they are themes that are developed throughout the published works. Whilst both power and identity are fundamental, they will be dealt with slightly differently. Identity will be discussed directly as an area that has generated some considerable debate in and about Deaf communities, whereas power is rarely even mentioned in such debates, but is, of course, always present as the scaffolding for the different adopted positions. Therefore, a definition of power will be established first, before moving on to a more in-depth exploration of the debate on identity in the Deaf community. Power is a recurring theme that runs through the whole chapter highlighting the development of thinking in the published works by identifying how power relates to all areas under discussion.

" Power can be defined as the capacity to follow a line of action despite interference or resistance from others (Weber, 1968). More, important, power is the ability to intentionally influence others to act in a way that is consistent with one's wishes (Wrong, 1988), or even to change their beliefs, emotions, behaviors, and identity".

(Newman 1995: 314)

Weber identified three sources of power: *Traditional*, historically the most widespread and long-lasting, such as an inherited monarchy. *Charismatic,* where the power lies entirely in personal leadership qualities. And, what Weber refers to as *rational-legal,* which emphasises the policies and procedures that are grounded in legal statute (Hughes 1995). Compare this with the traditional Marxist articulation of power, which is based upon the notion of ideological control by the dominant class, developing a structure that promotes unequally-weighted material relationships (Marx 1976, Scatamburlo-D'Annibale, V. & McLaren, P.2004). A model of 'class struggle' is central to this mode of thought, and can be identified in all types of society, whether they be primitive (feudal), capitalist or communist (Marx 1984). In fact, Weber seems remarkably close to Marx in linking issues of class identity with those of capitalist modes of production, when he defined class as a *category* of people who;

"Class concerns power in the economic sphere of property and market relations, while 'status' concerns those forms of power that derive from the differentiation of groups in the sphere of culture and community. The class powers that people are able to exercise in the labour, commodity and capital markets rest upon the kind of goods and labour services that they possess and that they are able to use in the market to generate an income."
(Weber 1914: 927)

Weber, again like Marx, argued that class membership alone would not necessarily lead to class conflict (struggle). And that a transparency of class relations, in other words when those in a lower class become conscious of the power being exercised

over them by higher social groups, is a pre-requisite for communal class action. What really separates Marx and Weber on the question of power is that, whilst Marx locates the source of power and domination in society exclusively with capitalist modes of production, Weber identifies power and domination as being more of an empirical question within which he is concerned to retain the uniqueness of the individual and the interactions between social actors in local arenas, and that the source of such social forces will vary according to the (social) context. This concept of relative power has a much more modern 'feel' to it than that of Marx, which appears to be rooted in the mid- 19th century when it was first developed. And this has been a consistent criticism of Marxism as a social theory.

The Italian scholar Antonio Gramsci, whilst imprisoned by Mussolini in the 1920's and '30's, worked to extend Marxist theory and developed the concept of *hegemony*, the "cultural leadership exercised by the ruling class" (Hughes et al 1995). Power is exercised as a mechanism of ideological control, which enables the ruling class to guide the behaviour of the working class without any perceived intervention or visible mechanisms of control. Social order is maintained in a way that seems entirely natural, and this accepted sense of order is internalised by the proletariat to the extent that it accommodates even major social developments whilst maintaining the priorities of the dominant group.

This is an articulation of power that interests post-modern scholars, in particular Foucault, in that hegemony is located as a social construct that privileges the agenda of the group employing it (Foucault 1979). The emphasis, for Foucault, was on power

as a discourse to be analysed, rather than power as an element of oppressive social relations. This is a construct of power as *multi-directional* force. Likewise, *resistance* is not particularly rooted in any one sphere, or sector of society, but is everywhere, and power can only be defined in a direct relationship with resistance, wherever that confrontation takes place. Hall (1986) is highly critical of this 'free-floating' notion of power, and accuses Foucault of disconnecting power from any definable political position, certainly any understanding of politics that directly addresses social struggle.

"Hall is suspicious that Foucault's emphasis on the dispersed technologies of power denies the value of any systematic analysis of power as a structuring principle: He is worried that Foucault's disconnection of power from any class belongingness has taken too far his own and Laclau's notion of no necessary class belongingness".

(Fiske 1996: 216)

"But, while I have learned a great deal from Foucault in this sense about the relation between knowledge and power, I don't see how you can retain the notion of 'resistance', as he does, without facing questions about the constitution of dominance in ideology. Foucault's evasion of this question is at the heart of his proto-anarchist position precisely because his resistance must be summoned up from nowhere. Nobody knows where it comes from. Fortunately, it goes on being there, always guaranteed: in so far as there is power, there is resistance. But at any one moment, when you want to know how strong the power is, and how strong the resistance is, and

what is the changing balance of forces, it's impossible to assess because such a field of force is not conceptualized in his model"

(Hall 1986: 135)

Steven Lukes (1974, 1986) has further refined definitions of power to include three distinct "faces". First is the *decision making* face of power, where it is (usually) transparent which powerful group is able to exert the most pressure on which decisions are reached. Second, is the *non-decision-making* face, where power is exercised by limiting the range of possibilities available. For example, a deaf child who is offered a choice between a mainstream educational placement or a special unit for deaf children might appear to be empowered in making a decision. However, what is not being offered in such a scenario is bi-lingual education, to include sign-language. Lukes' third face is that of *shaping desires.* And here there are no decisions to be made. Lukes argues that a social group can be persuaded to accept their circumstances even though it may be to their detriment, because it is constructed as 'natural' or 'normal', such as the different social status of women vis-à-vis men, and children in relation to adults. There are similarities here with Marx's notion of *ideology* - common-sense constructs of 'social truths' which become generally accepted and are employed in maintaining power in the hands of capitalist leaders.

Lukes' analysis is an important development in understanding power because it identifies power as multi-dimensional rather than one dimensional (a criticism of both Weberian and Marxist constructs of power) whilst locating the debate firmly within a structured set of social relations. It is this notion of power as a *multi-dimensional*

structuring instrument, and Lukes' three faces of power; *decision making, non-decision-making* and *shaping desires,* that will be used to examine the different dimensions of power evident in the published works.

The contribution that my work has made to these debates will be interrogated and summarised at the end of each section in this chapter by the use of four questions;

1. What did my work contribute empirically?
2. What did my work contribute conceptually?
3. What body of theory did I add to?
4. How could my contribution have been improved?

The construction and importance of identity

Identity has been a live issue amongst deaf people since researchers in the USA in the 1960's began to identify consistent patterns in the use of sign-language that would warrant it's inclusion alongside other ethnic or national languages (Stokoe 1960, Baker & Battison 1980). Similar work in the UK in the 1970's **(Taylor 1999)** sparked an increasingly heated debate about the existence of a Deaf culture; of there being a Deaf community, and also a Deaf identity - a way of being deaf which is grounded in the use of a discrete language (national sign languages) and adherence to associated cultural reference points, rather than a biologically determined construct of a deaf person as an 'impaired' hearing person.

This is not to assert that previously there had been no discussions about identity formation in deaf people, there had, but they were primarily couched in medical terms - a deficit model (**Taylor 1996,** Knight 1998) which constructs deaf people as 'impaired' hearing people. Lorraine Fletcher (**Taylor & Bishop 1991**) provides testimony as to how the medical team responsible for the health care of her deaf infant son Ben "..forced on us a view of deafness which was alien to us - deafness as an illness." (p75) The medical model construct of the child was as a deficient hearing person who would require medical assistance and advice, particularly with speech training and lip-reading, and hearing aids to utilise any residual hearing.

This is a prime example of how power operates on different levels simultaneously. First, is the power of the medical profession to define the problem and apply the remedy. Second, is Lukes' *non-decision-making* face, that of the limiting of available options offered to the parents of Ben. And finally, the matter-of-fact construction of deafness as an illness, which is deeply embedded in society. This last point is important because the vast majority of deaf children are born to hearing parents (Lawson 1981) who would have been previously exposed to, and perhaps accepted, the 'deficit' view of deaf people. Furthermore, the power of these different levels continues to be in evidence as dependency on the medical profession (initially searching for a 'cure'), is transferred to educational and welfare professionals whose primary function is 'rehabilitation'. Unlike hearing people who become deaf, there is no former state to which a deaf child can be re-habilitated, they are coerced into becoming an impaired hearing person, encouraged to become dependent upon professionals (Oliver 1990, **Taylor 1993, 1996, 1997, 1999, Taylor & Darby2003).**

Being Deaf (Taylor & Bishop, 1991) was an early attempt to catalogue a range of experiences of deaf people, by using deaf people themselves as the starting point in relating their own personal experiences to wider social constructs, such a gender and race. There is a long history in the Deaf community of what might be referred to as "story-telling". (Ladd 1988). It is, in fact, a means of transmitting cultural norms, an 'oral history' in the sense that it utilises sign-language rather than spoken language (there being no written form of sign-language). Prior to **Being Deaf** however, there were very few examples of these cultural tales in print. Furthermore, what emerged from the accounts collected for **Being Deaf** were experiences which would not usually

be included in the dominant deaf oral history tradition. Such examples were those of black deaf people talking about the importance of their ethnic community or their religion, and gay and lesbian deaf people who related more closely to hearing gay groups than to the Deaf community, and deaf people whose first language was spoken English rather than sign-language who, despite the barriers to full integration into the hearing community, nevertheless felt more comfortable there. Ladd (1988) constructs a view of the Deaf community with deaf clubs at the centre as safe havens for deaf people, where a range of cultural activities take place.

"...there is a strong national identity, as many people keep up old school contacts and, in so doing, make many others, which are in turn maintained. One classic example is the way news travels around the community. Information can go from one end of the country to the other and back again in a matter of days, despite the lack of access to the telephone".

(Ladd, in Miles 1988 p36)

This notion of Deaf "nationhood" represents a partial view of the experience of deaf people in the UK (Taylor & Meherali 1991, **Taylor & Bishop 1991**), which privileges a particular construct of deaf identity and excludes all other identities that are not directly related to British Sign Language (BSL). Whilst **Taylor & Bishop 1991** engages with notions of 'Deaf Nationhood' by demonstrating the diversity of the 'Deaf' experience it does not sufficiently articulate theories of power, such as those being rehearsed in this chapter and in the later submissions **(Taylor 1997, 1999)**, which underpin the debates about inclusion/exclusion and identity.

Instead, the arguments narrowed around notions of the rights of (some charismatic) deaf people to organise their own communities, but did not adequately address the wider implications of such a radical and long overdue shift on the lives of a diversity of deaf people. In deaf communities we find patterns of discrimination similar to those in hearing communities, such as homophobia and racism. This is perhaps not surprising whether one adopts a medical model view of deaf people as being impaired hearing people, in which case their prejudices would generally reflect that of the rest of society. Or, a cultural model view of deaf people, in which case there appears to be what Edouard Glissant (1992:15) refers to as "..the illusion of successful mimesis" in operation, where dispersed or transplanted populations begin to resemble the dominant population.

It will be argued later in this chapter that structural forces shape the relationships between different groups in society **(Taylor 1993)**, and, that whilst the "detail of their disadvantage in society will be influenced by a range of historical and cultural factors…their distance from positions of power, their access to it, and the mechanisms for maintaining them in their social position, will be broadly similar." **(Taylor 1996: 71).** The 'dominant population' to which deaf people have traditionally been encouraged to aspire is the hearing community, and the daily experience of deaf people has been significantly influenced by the values of hearing teachers, welfare workers and members of religious organisations. What Glissant had in mind are those populations constructed through the slave trade, but if Glissant's analysis is valid then surely it must also have some resonance for those communities that feel they are

surviving in a hostile environment, a sentiment used by deaf students to describe their experience of university education (**Taylor 1996**).

In the research conducted by Taylor into the experiences of deaf students in social work and youth work training, a recurring feature was that students said they entered university wanting what they referred to as a "normal" student experience. In other words, they wanted to have the experiences that they considered hearing students take-for granted in higher education. Deaf people, whether or not they are sign language users, grow up in a hearing world and the cultural practices of a dominant hearing society help to shape their experience. Whilst all students wanted the maximum benefits that higher education can bring, some assumed the transition would be straightforward;

"I started the course and thought I could cope without any problems because I was brought up in an oral system."

(Deaf student. **Taylor & Bishop 1991: 57**)

Whilst other students had a more realistic view of some of the barriers they would face:

"I chose that particular college because they had experience of supporting deaf students."

(Deaf student. **Taylor & Bishop 1991p 56**)

Both of these views are typical of those expressed by deaf students, and they represent a major division amongst deaf people - those who use sign-language as their main means of communication, and those deaf people who use lip-reading, speech and residual hearing. The aspirations of Deaf BSL users are framed within an understanding of themselves as culturally D/deaf, as members of a linguistic minority well aware of the oppressive nature of hearing society. Whereas deaf people who do not use BSL as their first language are more likely to identify themselves more closely with hearing society, and are therefore more likely to fit Glissant's model of "mimesis", such as the first student quoted above. Members of the Deaf community would reject such a model, with their emphasis upon their "struggle" to maintain and promote a cultural reality that is distinctive, and different from the dominant hearing culture. In some ways this is an artificial divide because sign-language users sometimes also read lips and use background sound as clues to communication, and lip-readers often use gestures and look at body movements to assist their interactions. The two sides are a polarisation of political positions regarding deaf people and their position vis-à-vis hearing society. Corker (1998) argues that it is also a politically unsatisfactory state of affairs:

"...in apparently accepting society as it is in order to justify an internal focus on a defence of the group's 'norm', the risk is that attention is drawn away from oppression as a widespread societal phenomena, and away from the power relations that are fundamental to it. That is, the allusion to withdraw from mainstream society suggests that this something is cultural and linguistic oppression. But Western society,

together with the dominant human services culture and its governance and legal systems which at present control to a large extent how we live, still view *all* deaf people, including those who are Deaf, in terms of the *individual/medical* model. Hence, though sign language is increasingly acknowledged as a viable means of communication, it does not follow that there is widespread *cultural* acceptance within such frameworks for thinking and service development."

(Corker 1998: 29)

This poses a paradox for the development of Deaf cultural rights. On the one hand is the assertion of Deaf cultural values as different from mainstream hearing society, which advocates, to some extent, a withdrawal from that society. On the other hand, this leaves hearing society unchallenged in it's view of deaf people as individually impaired, which leaves untouched the barriers to progress for deaf and Deaf people. There are certainly parallels in other political arenas, for example the Feminist movement in the UK post 1970 has been continually engaged by the contention of Radical Feminists that women should withdraw from activities in male dominated institutions.

What the sign language research of the 1960's and 70's achieved was to present the possibility (if not the reality) of the development of more dynamic model(s) of deafness in stark contrast to the static, negative, existing models. This constitutes a major paradigm shift in the way that deaf people are viewed in society, and prompted comparisons to be made with minority ethnic communities (Taylor 1986, Taylor & Meherali 1991, Taylor & Vig 1997, **Taylor 1999**). This comparison, based upon the

Deaf community being a linguistic minority will bear some interrogation in that ongoing sign language research continues to produce compelling evidence to support the argument that BSL is legitimate language (Kyle et al 1988). The argument for a Deaf cultural foundation is however, more difficult to sustain. The lack of a written form of BSL is not particularly a problem here, there are many aboriginal groups around the world who maintain a very complex cultural and social network without a written language and the 'oral' history tradition in the Deaf community is very robust and similar to many ethnic groups. It is the discontinuity of deafness that creates the major difficulty. Given that most deaf children are born to hearing parents (Lawson 1981) constitutes a significant barrier to cultural transmission between generations. Furthermore, **Taylor (1999)** argues that:

".. this concept of a linguistic community of deaf people becomes [*even more*] problematic for deaf people who have a cultural and linguistic background other than that of white British."

(p 380)

Taylor (1999) identifies "isolation" as a major feature of the experience of British deaf people born into minority ethnic communities, and previous research (Taylor & Meherali 1991, **Taylor & Bishop 1991)** supports this assertion. It is characterised by the general isolation that all deaf people face in hearing society, and more particularly isolation as a deaf person within their birth community, as well as being isolated as a black person when they attempt to integrate into the Deaf community. This last point raises yet another difficulty for the Deaf cultural model, which is supported by notions

of deaf people being isolated in hearing society, whether that be generally or in particular ethnic communities, but is contradicted by evidence from research (Taylor & Meherali 1991, **Taylor 1997)** that black deaf people are isolated in the Deaf community, which challenges the notion that deafness alone is sufficient for full and active community membership.

These themes are further explored in **Deaf Identities (Taylor & Darby 2003).** Using a similar format (first hand accounts by deaf people) to **Being Deaf (Taylor & Bishop 1991), Deaf Identities** draws a clearer focus upon:

"The formulation of identity [as] an ongoing process of negotiation between individual perceptions and social structures, [and] the possibility of inhabiting multiple identities."

(P viii)

Deaf Identities is an exploration of the way that identities are constructed within a political framework. The contributors to the book describe their journey in becoming a deaf person. More accurately, they recount a series of choices they make which helps to construct an image of themselves as a deaf person with which they can feel comfortable. That these choices are politically driven and constrained by wider social factors is demonstrated by the range of testimonies by deaf contributors across national and cultural boundaries, whose stories are framed by their social circumstances. Katja Fischer describes how, as a child in the German Democratic

Republic, she had ready access to deaf adults. Under the communist regime, schools for deaf children employed many deaf adults as teachers. This is in stark contrast to a capitalist country, such as the UK, where a medical model dominated policy of oral education for deaf children often means that throughout their childhood deaf children might have only very limited contact with deaf adults.

What is clear from the accounts in **Deaf Identities** is that, whilst there are some similarities in terms of barriers to address, there is little commonality in the form of identities represented by deaf contributors. There is a multiplicity of identities claimed by deaf people that overlap ethnic, national, cultural and medical definitions:

"It is the tension between essentialist and non-essentialist definitions of identity that underpins this debate. An essentialist definition of a deaf identity would be one that lists a set of characteristics that all deaf people share, unaffected by the passage of time. Such a definition could draw upon either the medical model or the cultural model of deafness, because both lay claim to some essential truths about deaf people. The main difference being that an essentialist medical model definition of deaf identity would simply locate deaf people as hearing people, functionally impaired by the impact of deafness. An essentialist cultural model of deaf identity is much more difficult to sustain, unless you confine it to those families who have deafness across a number of generations. Otherwise, how is the culture transmitted if not by external forces?"

(Taylor & Darby 2003: 18)

Some interesting comparisons can be made here with debates about gay and lesbian identity formation. Bravmann (1991) reports on contemporary theoretical debates in "gay studies" concerning the nature and origin of contemporary gay and lesbian identities. Such debates are structured, according to Bravmann, along "essentialist" or "social constructionist" lines, in an attempt to deal with issues of history and antecedents. The essentialist position, similar to that when referring to deafness, leans heavily on medical knowledge and expertise as an explanation of homosexual behaviour. Whereas the social constructionist approach ("non-essentialist", **Taylor & Darby 2003**), also similar to that of deafness, emphasises the importance of historically specific cultural and political factors (Malesevic 2003, Eyerman 2004). Indeed, as long ago as the 19th Century when debates were focused more upon 'character' than identity, John Stuart Mill linked the formation of individual identity (character) to the development of the political apparatus of national governments (Mill 2002). Triandafyllidou and Wodak (2003) argue that the study of identity in contemporary societies is problematised by the sheer range of social and cultural forms that are available to challenge the more established notions of identity formation, such as those found in mainstream social psychology, which views identity as the principal link between social regulation and individual organization where the socialisation of the individual is activated through a process of "knowing, recognizing and claiming" (Chryssochoou 2003).

In an attempt to establish a gay and lesbian culture the social constructionist approach is confronted, as with the deaf cultural model, by the obstacle of "discontinuity". Bravmann cites Grahn (1984) and Thompson (1987) as two influential writers in the

field of gay and lesbian cultural studies who address the issue of discontinuity by constructing "imaginary visions of gay and lesbian existence" a means of establishing a legitimate lesbian and gay histiography.

Bravmann argues that this is an attempt to invent history and establish "sexuality" as a legitimate social category, in the way that race and gender are often considered as such. But it is a counterproductive activity because it solidifies sexuality in such a way that does not permit a critical examination of powerful historical and cultural practices, which is vital to the development of a politics of empowerment and social change. According to Bravmann it is too simplistic as an explanation of homosexuality and reactionary in terms of it's denial of the range of diversity in modern society.

"The entrenched racism, classism, and sexism in dominant US culture cannot be discounted or explained away in homosexual subcultures simply because we all share a mark of sexual difference. One "mark of difference" does not and cannot suffice to consolidate the basis for political action."

(Bravmann 1991:91)

What is clear is that *essentialising* identity, by promoting "one mark of difference", is a divisive strategy, whether it is in gay and lesbian communities (as Bravmann indicates), black communities (Gilroy 1987, **Taylor 1991**), or Deaf communities **(Taylor 1999, Taylor & Darby 2003)**. Peter McLaren (in an interview with Mitja Sardoc) contextualises this debate, and warns of the dangers of particularising the argument, by locating it within a broad economic and political framework:

"Suffice it to say that identity construction is a process that cannot be ignored by those of us in education. In fact, it is a key challenge. But the challenge has to be greater than surfing for identities within hybridity, and among spaces opened up by the furious clashes in the Fight Clubs of culture. For me, such identity construction must take into account the relationship between subjective formation and the larger totality of globalized capitalist social relations."

(Sardoc 2001)

The contribution of my work

The contribution that **Being Deaf** made to this debate was to provide empirical evidence of a range of different ways of being deaf. This documentary evidence was presented in the form (mostly) of personal testimonies by deaf people, a cultural form well established in deaf communities, in an attempt to re-conceptualise notions of deafness away from the polarised positions of the historically dominant medical model and the newly emerging notion of Deaf 'nationhood'. The aim was to begin to develop a sociology of deafness more closely aligned with the theoretical frameworks and debates concerning minority ethnic groups in Britain, gay and lesbian politics and, in particular, the demands for disability rights. **Being Deaf** was an important contribution to the field of deaf studies, particularly as it was the first publication to assemble such material and continues to be read and used by a wide range of people, but the theoretical framework and conceptual elements were implicit rather than expressly articulated, as they are in **Deaf Identities (Taylor & Darby 2003)** which uses a similar format but where the theoretical framework is established in the Introduction and is further articulated in the guides to the different sections of the book.

Deaf Identities represents a more sustained political analysis of the issues that affect deaf people, which in many ways are similar to those that concern hearing people, and addresses some of the conceptual and theoretical weaknesses of **Being Deaf.** The more comprehensive approach of **Deaf Identities** was rehearsed in **Taylor 1999**

(Empowerment, Identity and Participatory Research), where the intersection of minority ethnic and deaf identities was explored in relation to ethical research practice and the provision of local authority services. This was an attempt to examine the issues of identity within a context of professional practice, which would locate them as integral to the development of policy and service delivery. The conceptual framework of the published paper was echoed in the research report for the local authority who acted upon its recommendations.

The importance of Structure

McLaren's (Sardoc 2001) view of the necessary environment within which to develop notions of identity greatly extends the parameters of the debate to the furthest reaches of Western civilisation, and the social structures that maintain capitalist societies. It is important before proceeding any further to be clear about the different meanings and interpretations of 'structure' which feature in the published works. Mohr defines social structure as "..formal organizations, social movements, processes of social mobility and status attainment, and the like." (Mohr 1998:347).

Taylor (1996) explores the experiences of deaf students at university, another of society's "formal organizations". It is argued that higher education is structured in such a way as to discourage entry by deaf people, and that universities are so structured as to exclude the relatively few deaf students who achieve a place on a course.

"Respondents identified three major areas of difficulty: poor support services, a lack of deaf awareness amongst students and tutors, and, an absence of deaf issues in course curricula."

(Taylor 1996:46)

Deaf students reported some positive examples of contact with university staff, particularly personal tutors, but were very critical of the main institutional activities, such as lectures and seminars, thus targeting the structural elements of university life as being the problem rather than individuals. Other writers (Brantlinger 2001, Brandau & Collins 1994) reinforce this point by highlighting the competitive structure of education as a disincentive to achievement for marginalised groups, and point to formal structures as the problem:

"Legislators pass regulations, and professionals develop policy and guidelines for practice. Official sanctions such as these solidify the legitimacy of the symbolic violence of hierarchy relations.....Hierarchy establishment is depersonalised; school personnel simply follow mandates or adhere to guidelines. Power relations are disguised as they are perpetuated."

(Brantlinger 2001: 6)

Deaf students were similarly critical of the other main features of their university experience; recruitment, admissions and assessment systems; classrooms, the library and the refectory; and social and leisure space. All of which were designed in such a way that makes it difficult for deaf people to achieve, or even participate. **Taylor (1996)** argues that, as the problems experienced by deaf students are structural, the solutions must also be structural. This issue is further explored in **Taylor & Palfreman-Kay (2000)** where it is focused on research that examines the relationships between students on Access to Higher Education programmes. This research is a development of that carried out for **Taylor (1996)**, and is expanded to

include dyslexic students as well as deaf students. Relationships between students, it is argued, are an integral component of the university experience, whether they occur in formal or informal teaching arenas or leisure spaces, and are therefore to be considered as structural events. The research reported clear differences between the nature of the relationships that deaf students had with non-disabled students to those that dyslexic students had with their non-disabled peers, particularly in the area of informal support where non-disabled students demonstrated high levels of empathy for the problems faced by dyslexic students. The data provide a pointer to the impact of structural forces as an explanation:

"A major factor, we would argue, in the relationship between disabled and non-disabled students is the previous relative lack of contact between the two groups, particularly during primary and secondary education. Attitudes about difference and disability are formed and reinforced through early life experiences, and this is precisely the period when disabled and non-disabled children are segregated from each other. A form of educational apartheid exists (Leicester & Lovell 1997), and is clearly an encouragement to the negative stereotypes towards disability that have developed in society."

(Taylor & Palfreman-Kay 2000:49-50)

In **Taylor (1997)** it is the structure of the funding of research that is identified as a potential problem. More specifically, that the competitive framework for decision-making as to how money is allocated to universities for their research activities will favour the more traditional approaches to research, and act as a disincentive for

universities to encourage new and more radical research methodologies. Which clearly illustrates all three of Lukes' (1974, 1986) faces of power; by central government exerting power over universities to influence their decision making , and by universities limiting the available choice to researchers and then constructing this as a 'normal' and acceptable state of affairs.

"As universities compete for the lion's share of the research money-cake, I am concerned as to the impact this will have upon the nature and the quality of the research undertaken. And, in particular, how will it effect those research projects using a PSR [Participatory Social Research] approach within an ethical framework designed around the principle of user involvement?"

(Taylor 1997: 110)

The influence of social structures is experienced at all levels. For example, debates over national identities are "socially structured and bounded" (McRone 2002), and **Taylor (1993)** identifies social work as a professional activity that is structured by powerful legal, political and economic frameworks, as well as being influenced by informal social forces. In **Taylor (1999),** an examination of local authority services for deaf and hard of hearing people from minority ethnic communities, C. Wright Mills' (1956) concept of "the power elite" is employed to demonstrate the way in which this group are structurally disadvantaged in receiving inadequate state services. It is argued that even though local service providers demonstrate a willingness to develop and deliver appropriate services their position in the structure of decision-making and service delivery (Mills' "middle layer"), isolates them from the very

mechanisms to increase their knowledge and understanding that are necessary to implement change. If there is to be an effective shift in how power operates in such a situation it is vital that service users have direct access to decision making processes, firstly in order to increase their awareness of their rights and opportunities (and disrupt the phenomenon of Lukes (1974, 1986) third face of power *shaping desires*), and secondly to influence the development of services.

"The single most significant recommendation we made from the research was the establishment of a Forum for service users, community leaders and service providers, where the development of services would be discussed. It is also, ironically, perhaps the most obvious recommendation to make. I would suggest that it is a symptom of the extent to which the different parties in Merton feel isolated from each other that even such an obvious first step could not be taken and that, perhaps, this is not surprising, given the divisive nature of structural oppression."

(Taylor 1999: 382)

The contribution of my work

Taylor 1996 was the first UK study to gather empirical data on the experiences of deaf students in higher education. It was also the first to examine the experience of deaf social work and youth work students within the conceptual framework of Anti-Discriminatory Practice, an essential ingredient of training for public service professionals. The study itself was limited in size and scope because of it's exploratory nature, but was very successful in developing the template for a more extensive study, an aspect of which was reported in **Taylor & Palfreman-Kay 2000.**

The discussion on the importance of 'structure' as a potential barrier to deaf and disabled people that is developed in the published works has made a contribution to the development of theory in relation to the disenfranchisement of marginalised groups, by attempting to locate the debates in a mainstream arena rather than view them as case studies identified simply by their 'difference'.

This argument was central to the methodology of the MÁS project; *Broadening access to learning, training and employment for deaf and disabled people,* a successful study funded by the European Union from December 2000 to November 2003, which generated **Deaf Identities, Taylor & Darby 2003** as one of it's products.

The nature of oppression and the development of anti-oppressive practice

The definition of oppression that is employed throughout the published works is that of structured disadvantage and that this is an ongoing process that is "influenced by a range of historical and cultural factors" **(Taylor 1996:71).** This is, perhaps, most clearly articulated in **(Taylor 1999)** where the different layers of oppression experienced by deaf people from minority ethnic communities is explored and it is argued that black deaf people are isolated, and excluded from both formal and informal mechanisms of meaningful integration.

"For those who are born deaf, particularly sign-language users, segregation and isolation begins at an early age. They may have been educated some distance from where they live, in which case they may find it difficult to establish any sort of local peer group..... Furthermore, in some minority ethnic communities a child born deaf is often isolated within their own community, as their deafness is seen as a stigma and a form of divine retribution (Taylor & Meherali 1991). There were many examples in the Merton research, where hearing members of minority ethnic communities talked about the 'shame' of deafness. A high level of overt racism, which appears to characterise deaf clubs, is a further barrier to minority ethnic deaf people accessing their local deaf community and this was borne out in Merton by the absence of a minority ethnic presence in the local deaf club."

(Taylor 1999:381)

Russell (2001) argues that a primary source of the oppression of disabled people (and that would include all deaf people) is their "exclusion from capitalist exploitation". And this is the position consistently occupied by Michael Oliver, a major influence on the development of the disability movement in the UK, in his writings over the last twenty years. Oliver's view (Oliver 1990, Oliver 1996) is that disabled people were integrated members of agrarian economies, but since the rise of capitalism disabled people have been systematically excluded from the labour market and forced onto the fringes of society. Batavia (2001) challenges this construction of disabled people as an oppressed group. He argues that such a universalistic category is unhelpful, and that, certainly in the USA, not all disabled people are economically disadvantaged. Interestingly, he draws a comparison between what he refers to as "the disabled community" and "racial groups" such as African-Americans, in that there is a wide range of living standards from poverty to affluence, with a growing middle class. His contention is that a construct of disabled people as an oppressed minority is contradictory to the twenty year "disability rights" campaign that led to the Americans with Disabilities Act (ADA) 1990, and is simply paternalism in a different form.

This debate outlines two clear positions currently held in disability politics, and they are identified by the way in which they refer to the subjects of their discourse:

1. The liberal approach (represented by Batavia 2001) employs the term "people with disabilities", and maintains that individual rights and freedoms are paramount and that a disability is a personal challenge to overcome. The major difficulty with this

position is that it does not make any connections between the (disabled) person's disability and other areas of their life.

2. The Marxist school of thought (represented by Oliver 1990) uses the term "disabled people", and argues that disability is a socially created category and the disabling factor is the manner in which society is organised. At its most obvious this is manifest in areas of physical access, such as a lack of ramped entrances to buildings and induction loop systems in public arenas. But the most effective form of oppression of disabled people is the barriers that exist in the very fabric of society.

Taylor (1999) argues that the barriers that isolate and exclude black deaf people are the attitudes of those people closest to them towards their deafness; by their families and ethnic communities, by service providers who have a legal responsibility to assist them, and attitudes towards their skin colour by the predominantly white Deaf community. That these are personal attitudes might appear to support a liberal definition of disability but such attitudes are, in fact, a way in which individuals seek to organise their own place in society, by defining what is "normal" **(Taylor 1993)** and what is not. **Taylor & Darby (2003)** refers to the work of the psychoanalyst Jacques Lacan in describing the way that individuals construct ideologies that fit with the Symbolic Order (in this case capitalism) in order to make sense of what might be an otherwise chaotic existence. And to a Marxist analysis of attitudes in respect of ideology, which effectively politicises all actions, even those of a personal nature:

"Karl Marx referred to ideology as a camera obscura ..... He makes the distinction between the actual material conditions of existence and the superstructure that defines it - politics, and the legal framework. He argues that we come to know about the foundations of society through the "lens" of capitalism's politico-legal structures, through the construction of ideologies that enable us to understand ourselves and the world in which we live."

(Taylor & Darby 2003)

At the level of formal organisation (Mohr 1998), **Taylor (1993)** explores the nature of state provision for disabled people, premised as it is upon a notion of "helper" and "helped". In this case it is the structure of social work that is explored in terms of its capacity to oppress as well as assist service users. Social workers are criticised for their lack of knowledge and understanding of disability, and Oliver's (1990) concept of the professional-client dependent relationship, which locates all of the power in the relationship with the professional, is examined.

Use of language and professional linguistic constructs are identified as central to this oppressive relationship. Particularly the notion of "independence" which may have a different meaning for the "helper" than it does for the "helped". Another dimension on this "language as oppression" paradigm is also explored **(Taylor 1993)** in the refusal of UK government agencies to recognise British Sign Language (BSL) as a legitimate language, which located deaf people (whether sign language users or not) as "impaired" hearing people and thus categorises all of their social needs as some form of rehabilitation rather than cultural. The UK government announced on 18th March

2003 that BSL is now recognised as one of the languages of the British Isles. This is some fifteen years after a similar recognition in the European Parliament, and it remains to be seen what impact this will have, if any, upon services for deaf people.

The structure of social work is further explored in **Taylor (1996)** with an examination of the experience of deaf students in social work and youth and community work training. As well as previously discussed forms of exclusion of deaf students, which is broadly similar irrespective of the course of study, professional social work practice placements were particularly identified as a site of oppression, both in their organisation and their operation. The lack of strategies for the inclusion of deaf people on social work training programmes strikes right to the heart of the advertised social work agenda:

"This completely disregards the structural nature of the oppression of deaf people in hearing society, and contradicts the emphasis on anti-discriminatory practice inherent in social work and youth and community work courses."

(Taylor 1996: 72)

Which raises the question; is anti-discriminatory practice (ADP) a theoretical construct to be studied or a practical ethical framework for personal and professional action? The concept of empowerment is central to all forms of ADP whether they be in the research field (Martin 2000, Heron & Reason 2001, Christians 2000), or in the field of professional social work (Langan & Lee 1989, Adams 1996). Indeed, D'Cruz

& Jones argue that in social work research the distinction between researcher and social worker is artificial "The social work researcher is a practitioner like any other social worker who aims to bring about social change." (2004: 32).

This is the position that is adopted in the published works, and will be discussed in relation to user empowerment and user participation in the research process in more detail in Chapter Three.

Chapter Three: Methodological and Theoretical Issues.

Introduction

The published works chart the author's progress in developing a methodology for practice-based research on deafness and disability. It is a methodology that incorporates practical approaches to anti-oppressive practices such as 'User Participation', and politically motivated concepts like the Social Model of Disability, and draws upon the author's many years of professional social work practice and educational and community activities with deaf user groups. A Critical Social Research (CSR) paradigm is used as an overarching framework (Georgiou & Carspecken 2002, Cox & Hardwick 2002, Carspecken 1996, Harvey 1990, Thomas 1993). CSR is not method dependant, so it is always necessary to make separate decisions about data collection and analysis. However, CSR is politically motivated, and it is essential to locate whatever methods chosen within the value framework of CSR. This helps to overcome any epistemological inconsistencies in the design of the methodology because all elements of the research programme are subject to the epistemological demands of CSR.

Georgiou and Carspecken (2002) argue that this is even possible with methodological approaches which would otherwise be considered as contradictory to a CSR approach; in this case Critical Ethnography is combined with Behavioural Psychology. This would appear to be an impossible combination as Behavioural Psychology is

grounded in notions of objectivity, an adherence to 'proven' traditional scientific methods, and an emphasis upon quantitative techniques to observe and measure behaviour. Whereas, Critical Ethnography is concerned with the interpretation of meanings, pragmatic methods of data collection and analysis, and knowledge as a social product. What is important, according to Georgiou and Carspecken, is to adopt a "critical realist" approach to understand the relationships between culture and social structures, and to locate issues of power at the centre of the research paradigm. The Positivist epistemological underpinnings of Behavioural Psychology were not considered an insurmountable problem for data collection in specific areas of the Georgiou and Carspecken study because of the discipline of the overarching Critical framework, but such a methodology would not be suitable for data analysis because of it's claim to notions of "scientific truth" (Morrow 1994:65) and the resulting ontological conflict would be unmanageable.

This is perhaps an extreme example, but it demonstrates that CSR can be, if properly formulated, as tightly focused as any other research approach whilst at the same time having the freedom to employ a range of methods. Both qualitative and quantitative methods were employed in the research reported in **Taylor 1999;** questionnaires were sent to health professionals in the London Borough of Merton in order to support the qualitative data gained from group and individual interviews. A similar approach was used for the research reported in **Taylor & Palfreman-Kay 2000** where further and higher education tutors were surveyed in conjunction with individual interviews and interviews with disabled and non-disabled students. However, at the theoretical level the CSR approach employed in the published works does not encounter anything like the same level of difficulty as faced by Georgiou and Carspecken (2002) because User

Participation and the Social Model of Disability are consistent with the political and value assumptions of CSR so their combination in the published works should be unproblematic. The issue here is the extent to which this was achieved in the published works, and this will be examined using the headings:

- Critical Social Research
- User Participation
- Social Model of Disability
- Methodological and theoretical integration

Critical Social Research

Critical Social Research (CSR) is an ideologically driven framework for research, not confined to any particular method of social enquiry.

"The process of actually doing critical research involves more than simply looking at culture with a jaundiced eye. It also requires that we attend to the various dimensions of topic selection, data acquisition, interpretation and discourse to look for ways to move beyond conventional ways of observation and narrative."

(Thomas 1993: 47)

CSR has it's roots in Critical Theory, an approach to social analysis developed by the 'Frankfurt School'; a group of post World War One sociologists at the University of Frankfurt (Theodor Adorno, Max Horkheimer and Herbert Marcuse) who sought to develop a discourse on German philosophical thought, particularly that of Hegel, Kant, Marx and Weber, in light of the changing nature of capitalism and the recent devastations of world conflict (Denzin 2000). They endeavoured to reinstate the Hegelian construct of critique to German philosophical and political debate, that of being self-critical as well as seeking to uncover hidden assumptions that legitimate power, rather than what they perceived to be happening within institutional Marxism where criticism was simply employed to support party political decision making.

The role of Critical Theory in research is not unproblematic. Hammersley comments:

"Its use amounts to an attempt to disguise a particular set of substantive political commitments as a universalist position that gives epistemological and moral privilege."

(Hammersley 1995; p 43)

Hammersley is also unconvinced by arguments for a distinct feminist methodology, which might lead to a "Balkanisation" of social science (he cites Merton 1972 as the source of this notion). He further encourages anti-racist researchers to be cautious about rejecting conventional methods of research because to so do would also discard their usefulness for propaganda purposes. But Hammersley's contention that research "need not be and should not be political" (p118) is undermined by the fact that there are so many politically motivated groups who feel that they are disadvantaged by conventional research approaches which are themselves politically biased in favour of prevailing power relations. Mayall et al (1999) argue that:

"Research has a directly political function; to describe and so expose the unacceptable with the aim of shifting policy and practice."

(Mayall, Hood and Oliver 1999: 5)

Humphries (1997) accuses Hammersley of presenting a partial view of critical (emancipatory) approaches to research, in defence of Positivism and in promotion of the natural sciences as the primary model for research.

"As a result he sets up a series of straw people which he proceeds to knock down and makes his point by ignoring the diversity of 'emancipatory' positions and being highly selective in his critique."

(Humphries 1997, 2.3)

Because a CSR approach is not method dependant there is no outright rejection of 'conventional' methods, as the Georgiou and Carspecken example demonstrates. Indeed, Oakley (1981) raises a question about the very nature of the debates that surround issues of paradigm clash, or contradictory choice of methods, in that such debates emphasise the 'correctness' of the paradigm rather than the most appropriate methods to address the research question. CSR avoids this dilemma by being more concerned with identifying the connections between social events and wider social structures and in employing the most appropriate methods to achieve this.

The diversity of 'interest groups' involved in CSR (the "Balkanisation" that Hammersley refers to), is its strength rather than a weakness and is a response to the way that society is organised. Parker and Lynn (2002:12) highlight "Intersectionality", where a range of critical approaches based on areas of difference converge, as key to the expansion and development of multilayered research discussions. However, this must not be mistaken for bias or sloppiness in the research process. Researchers operating from a CSR position may not be employing a unified method of enquiry but they need to demonstrate the same level of rigour that would be counted as good practice in any field of research. **Taylor 1996** provides a

detailed account of the methodology used in researching the experiences of deaf students, demonstrating how respondents were included in the research process (an important element of CSR approaches), and how Grounded Theory (Glaser and Strauss 1967) was adapted to undertake data analysis. Whilst earlier works use the same approach, for example **Taylor1991,** the methodology is not so clearly defined or as well organised as subsequent works.

Carspecken (1996) argues that the central unifying point for all CSR approaches is epistemological rather than methodological, which includes ".an understanding of the relationship between power and thought and power and truth claims." (P10). Furthermore, a shared value system is a direct product of such an epistemology. He adapts a series of assumptions that, according to Kinchloe & McLaren (1994), are characteristic of all critical social research projects to demonstrate the link between what we know and how we behave as researchers. This framework for CSR is outlined in Table One.

Table One: Epistemological Framework for Critical Social Research	
Kinchloe & McLaren (1994)	**Carspecken 1996**
1. That research be employed in cultural and social "criticism"	i.e. we find contemporary society and culture wanting in many ways and believe that research should support efforts for change
2. That "certain groups in any society are privileged over others"	(i.e., we are opposed to all forms of oppression)
3. That "the oppression which characterizes contemporary societies is most forcefully reproduced when subordinates accept their social status as natural or inevitable"	(i.e., reproducing inequalities over time is wrong; we should use research to uncover the subtleties of oppression so that its invisibility to those affected by it might be removed; so that oppression might become challenged, and changed)
4. That "oppression has many faces"	(i.e., researchers should not focus on one form of oppression only to ignore others; all forms of oppression should be studied and challenged)
5. That "mainstream research practices are generally, although most often unwittingly," part of the oppression	(i.e., critical researchers should practice their craft with different principles than mainstream researchers, because the mistaken principles used in mainstream

	research not infrequently contribute to cultural oppression. A correct epistemology would avoid oppression because its concept of truth presupposes equal power relations.)

The framework represents a model for CSR which, of course, will sometimes meet with different levels of challenge and agreement. Research funders are driven by their own guidelines and targets and some fairly hard-headed negotiation is often necessary to agree the terms of the research. For example; the contract with the local authority for the research discussed in **Taylor 1999** was agreed on the basis that a Social Action approach would be used. Whilst the local authority steering group welcomed this approach initially, they subsequently became anxious of criticism from senior managers and committee members as the data began to reveal some disturbing patterns in service delivery to deaf people from minority ethnic groups. The situation was eventually resolved by the research team offering to make a presentation of the findings to senior managers and committee members rather than that task being undertaken by the local authority steering group, which was their usual practice. In complete contrast, the project funded by the Leonardo da Vinci programme of the European Union (which resulted in **Taylor & Darby 2003** amongst other products) was characterised by the extent to which the funders were prepared for the project team to explore innovatory methods, and welcomed feedback on the helpfulness, or otherwise, of their own systems.

The framework in Table One will be used to explore the extent to which the published works can be contextualised within the epistemological and value framework of CSR.

Framework point 1: That research be employed in cultural and social "criticism" (i.e. we find contemporary society and culture wanting in many ways and believe that research should support efforts for change)

Cultural and social 'criticism' is evident throughout the published works. **Taylor 1996** uses the case of deaf students in professional training as a means to examine the institutional and structural forces that virtually exclude deaf students from becoming youth workers and social workers, and links this with a general lack of awareness and understanding of deaf people in society. Recommendations are made for changes both locally, i.e. by altering recruitment and teaching practices within university training courses, as well as nationally by implementing a 'national mapping' exercise of facilities for deaf students and providing more resources to support practice placements. This study made explicit the methodology that was further developed in **Taylor 1997 & 1999, and Taylor & Palfreman-Kay 2000.** And is prefigured by **Taylor 1993,** which whilst having a specific focus upon the nature of social work practice is underpinned by certain assumptions that social workers are being asked to perform an impossible task, and their attempts to affect any social change are being severely curtailed:

"Social workers are themselves increasingly the objects of management attention, and performance indicators, workload regulation and regular appraisal exercises are being established as part of the local authority management systems. In this climate, with social workers feeling that their jobs may be under threat, the procedural-controlling

functions of social work will probably prevail whilst attempts at advocacy, power sharing and risk-taking diminish."

(Taylor 1993: 112-113)

The research undertaken by Taylor for **Taylor & Bishop 1991** revealed a generally held belief amongst deaf and hearing people involved in Deaf communities that all deaf people, regardless of age, sex, ethnicity and sexuality, are welcomed into the family of the Deaf community. It is difficult to see how this could be the case when general (hearing) society is characterised by deep divisions along such lines, and the lives of deaf people throughout history have been shaped and controlled by hearing people such as church based missioners, teachers and doctors. That Deaf communities should develop such a radically different perspective is not logical. **Taylor & Bishop 1991** was therefore a means to demonstrate the diversity of Deaf communities, to enable it's members to give testimony to their own experiences and relate them to the structure of wider society.

Much of this testimony was in the public domain for the first time, enabling it to be discussed openly, and some of it was shocking to Deaf communities and starkly similar to that which occurs in wider society:

"The Deaf community would be very surprised to know how many deaf-gays are involved in the deaf hierarchy. I know quite a few and they are 'in the closet' fearing to come out in their own Deaf community."

(David Nyman, a deaf gay man. **Taylor & Bishop 1991: 175**)

Taylor & Darby 2003 continues this theme by exploring constructs of deaf identities in an international context against the background of growing political activity of deaf people and their increasing awareness of their position in wider society:

"The political uprising of Deaf people within society during the new millennium is to be expected, if you think about it. My generation is the first in which a large number of Deaf graduates have found work within the Deaf community. We are moving towards matching other minority groups' campaigns, for example, those of Black people, women and gay people. We grew up during the Scargill Miners Strike and thought, "Well, if they can do it, we can, and we shall." Our education has brought us a new-found confidence, and we want to use this to benefit the Deaf advance."

(Jen Dodds, Deaf activist. **Taylor & Darby 2003: 26)**

<u>Framework point 2: That "certain groups in any society are privileged over others"</u>

(i.e., we are opposed to all forms of oppression)

The notion that society is divided along lines of privilege which confers status and power on certain groups of people that enables them to dominate social relations is a fundamental platform for all of the published works. It is evident in a number of ways referring to differing levels of relational power. **Taylor 1993** comments upon the power that is exerted upon the formulation of public policy by the tendency for policy makers to be drawn from a narrow societal group:

"The priorities of senior management focus upon maintaining the *status quo* rather than changing it, and as senior management teams in social services departments tend

to be dominated by white, non-disabled heterosexual men, their views will inform and enforce policy."

(Taylor 1993: 120)

Using C. Wright Mills' concept of the "Power Elite" (Mills 1956) where society is organised and governed by an alliance of senior politicians, big business and the military, local policy makers are part of the "middle layer" who are themselves essentially powerless. Their role, according to Mills, is to act as a buffer between the general population and the real powerbrokers. However, a micro analysis of public services would identify local policy makers as the 'power elite' in a regional setting, almost like landed barons in a feudal system. The point being that wherever you cut into a stick of Blackpool Rock it still has 'Blackpool' running through it in the way that local and regional management groups tend to be subject to a 'top down' preference for a certain strand of society.

The published works are defined by an opposition to structural oppression, and the development of anti-oppressive practices. **Taylor 1996** highlights the contradiction inherent in social work and youth and community work training programmes that claim to promote anti-oppressive practice whilst marginalising certain members of the student body. The arguments in this case are not specifically about deafness or deaf people, although they are the principal subjects of the article, but that oppression is integral to the fabric of the major social institutions such as education, medicine and public welfare, and that it operates in a matter-of-fact way to the detriment of certain groups usually based on constructs of class, ethnicity, age, sexuality and disability.

The later published works, **Taylor 1996, 1997, 1999, Taylor & Palfreman-Kay 2000, Taylor & Darby 2003,** develop the application of such thinking more systematically to the research task:

"1. anti-oppressive practice begins with an understanding that society is founded upon structured inequalities;

2. an anti-oppressive approach transcends individual experiences/solutions by revealing how they relate to wider oppressive social structures."

(Taylor 1997: 112)

And, the analysis of concepts such as power and identity:

"Identity, using this type of analysis, is politically formulated and subject to forces exercised by the powerful in society. The level of individual agency in identity formation is therefore limited to the choices made available to us by the dominant groups in society."

(Taylor & Darby 2003: 16)

<u>Framework point 3: That "the oppression which characterizes contemporary societies is most forcefully reproduced when subordinates accept their social status as natural or inevitable"</u> (i.e., reproducing inequalities over time is wrong; we should use research to uncover the subtleties of oppression so that its invisibility to those affected by it might be removed; so that oppression might become challenged, and changed)

One of the issues facing any group of people marginalised from mainstream society is that they may internalise their own oppression. That is, they become self-disciplined in their position amongst the least powerful in society and see it as a result of the 'natural' order. Glissant (1992) takes this further by offering the concept of "the illusion of successful mimesis" (discussed in more detail in Chapter Two), where displaced peoples come to be more like the dominant population. This problem is at the heart of Freire's notion of the "Pedagogy of the Oppressed" (1972):

"The central problem is this: How can the oppressed, as divided, unauthentic beings, participate in developing the pedagogy of their liberation? Only as they discover themselves to be 'hosts' of the oppressor can they contribute to the midwifery of their liberating pedagogy. As long as they live in the duality where *to be* is *to be like,* and *to be like* is *to be like the oppressor,* this contribution is impossible. The pedagogy of the oppressed is an instrument for their critical discovery that both they and their oppressors are manifestations of dehumanization."

(Freire 1972: 25)

The research that produced Being Deaf **(Taylor & Bishop 1991)** identified clear evidence of what Freire (1972:20) refers to as "dehumanization" as a result of oppression, in that Deaf community associations were organised around principles closely aligned to those groups who hold some position of authority in the lives of deaf people; teachers, doctors, social workers and, in particular, religious organisations. The original research was revisited for discussion in **Taylor 1997** in an

acknowledgement that the methodology had not been sufficiently articulated. One case study from the original research, that of gay and lesbian deaf people, was used to illustrate the research process. What was interesting about the lesbian and gay deaf groups was that they were different from other marginalised deaf groups such as black deaf people, older deaf people and deaf-blind people, in that a significant number of them did not have, as Freire (1972:23) would refer to it, the "fear of freedom". They had rejected their oppressed role in the Deaf community and did not want to take on the role of oppressor. Their collective action, rather than individual acceptance of their situation, was evident in their dealings with me throughout the process:

"It was not enough for me [Taylor] to persuade the secretaries of the legitimacy of my request, I had to provide them with sufficient information about myself and the project and hope they were in a position to represent my ideas in discussion with the rest of the group. I experienced an acute sense of powerlessness, which became a fairly regular occurrence on this project."

(Taylor 1997: 119)

It is essential that researchers using a CSR approach recognise, and are able to respond to, the subtleties of oppression and that different groups may be at different stages in their relationship with their oppression and their understanding of it which will require great flexibility and sensitivity on the part of the researcher. In contrast, the group of deaf and hard of hearing Asian elders discussed in **Taylor 1999** were particularly isolated and required the research agenda to have a much more practical focus with a clear advocacy role for the researcher.

Framework point 4: That "oppression has many faces" (i.e., researchers should not focus on one form of oppression only to ignore others; all forms of oppression should be studied and challenged)

The discussion of notions of identity in Chapter Two about the *essentialising* of deaf identity around the primacy of British Sign Language is a clear example of how other forms of oppression might be allowed to continue, or indeed be perpetrated by a failure or an unwillingness to see the bigger picture. A practical example of how a CSR approach can begin to address such a problem is in the research that was undertaken in the London Borough of Merton **(Taylor 1999).** The local Deaf community had no contact with the local minority ethnic communities, who in turn had no knowledge of deafness or ways of supporting their deaf members, and the local authority had no information about either community or meaningful strategy for the provision of services to them. A major finding of the research was the issue of *isolation,* and a consultation workshop held as part of the research process had immediate benefits for "formal and informal networking".

Taylor 1999 is perhaps the clearest articulation of this aspect of CSR in the published works, although **Taylor & Bishop 1991** is underpinned by the assumption that deaf people inhabit a range of different social worlds, and subsequent works, **Taylor 1996, 1997,** attempt to locate the experience of deaf people within a wider social context

and highlight both stresses and opportunities such as those facing deaf students, and gay and lesbian deaf people who have to successfully manage the homophobia of the Deaf community and the 'anti-Deaf' attitudes of hearing society.

Framework point 5: That "mainstream research practices are generally, although most often unwittingly," part of the oppression (i.e., critical researchers should practice their craft with different principles than mainstream researchers, because the mistaken principles used in mainstream research not infrequently contribute to cultural oppression. A correct epistemology would avoid oppression because its concept of truth presupposes equal power relations.)

This principle of CSR represents perhaps the closest connection with other forms of anti-oppressive activity within the professional sphere because it is directly related to the regulation of professional practice. **Taylor 1993** highlights concerns related to oppressive social work practice, and the dilemma faced by local authority social workers in attempting to alleviate the excesses of oppressive social structures on society's most vulnerable members whilst at the same time implementing policy that can further add to that oppression. This is further explored in **Taylor 1996** with an examination of the principles of 'anti-discriminatory practice', a central requirement of all youth work and social work professional training, in a study of the experience of deaf students on centrally regulated professional courses.

Holman (1987) raises a broad set of questions that challenge social researchers to develop a more transparent methodology for their research which clearly identifies; who owns the research, and who benefits from it. **Taylor 1997** employs an adaptation

of Holman's framework to interrogate the methodology of an earlier research project with gay and lesbian deaf people, as a means of further developing an anti-oppressive research approach. **Taylor 1997** is used as the basis for the study of deaf and hard of hearing people from minority ethnic communities in the London Borough of Merton **(Taylor 1999),** where a Social Action approach was used. DePoy et al (1999) argue that Social Action is an ideal research tool in the social work arena as it addresses the anti-discriminatory claims of the social work profession whilst developing a robust critique of institutionally embedded oppressive mechanisms.

"...this model provides a bridge between the university and the community and between research and practice. In essence, inquiry in this model not only is a knowledge-generating endeavour but also is a practice intervention."
(DePoy, Hartman & Haslett 1999: 567)

This close connection between research and intervention that is central to the Social Action model would be construed as a problem within a more traditional research approach. However, Fook (2002:79) argues that for effective research into most areas of social work activity the researcher/practitioner combination is essential, and that it is important to reveal the "tacit knowledge" (practice wisdom, life experience) that is rarely expressed but is often important in guiding professional practice. To this end, the practice of "reflexivity" (Harvey, 1990:11) in CSR provides an ongoing self-checking mechanism for critical researchers to examine their own practice within an understanding of structural oppression in an attempt to, at least, overcome any disadvantage caused by their intervention and demand an ongoing evaluation of the

appropriateness of the methodology. This is evident throughout the published works, in a fairly unsystematic and self-conscious manner in the early works, **Taylor & Bishop 1991, Taylor 1993,** and to a certain extent **Taylor 1996,** and is more explicit and more confidently articulated in later works, **Taylor 1997 & 1999, Taylor & Palfreman-Kay 2000 and Taylor & Darby 2003.**

User Participation

User participation refers to meaningful participation in the research process, and as such is closely related to anti-oppressive professional practices in other fields in that they all begin with an analysis of power relations and an emphasis on social change. As a fundamental principle of research practice it has it's philosophical roots in the work of radical educationalists, such as Paulo Freire, and the neo-Marxist development of liberation theology within the Catholic church in South America (Kemmis and McTaggart 2000), where the barriers between priest and parishioner and teacher/pupil were dismantled in favour of encouraging a revolutionary mindset amongst hitherto oppressed communities.

Closer to home, the work of Peter Beresford and Suzy Croft (1986, 1990, 1993, 2004, Beresford 2002) on user participation in public services, and that of feminist researchers, such as Ann Oakley (1981, 1984 & 2000) and Helen Roberts (1981), were early influences in helping to shape new research paradigms that have user participation at their centre.

According to Kemmis and McTaggart (2000: 568) participatory research has three defining characteristics that distinguish it from other forms of research:

1. shared ownership of research projects
2. community-based analysis of social problems
3. an orientation toward community action

These three principles will be used to identify user participation in the published works.

Shared ownership of research projects

The question of ownership of the research is directly addressed as a methodological concern in **Taylor 1997,** first as a matter of principle, and secondly as a practical issue in the case of undertaking research with gay and lesbian deaf people. Power is central to the discussion, and consideration is given to the risk of what Freire (1972) refers to as "false generosity" and the problems constructed by any attempt by the researcher to maintain a 'professional distance'.

"The researcher is obliged to become part of the process rather than simply managing it. The power therefore, lies with the group, which is largely self-selecting and working on it's own agenda".

(Taylor 1997: 125)

In this case there were relatively few parties involved with any claim to ownership of the research. However, it is incumbent on the researcher not to relinquish their stake in the research, but to locate it within the wider considerations of the whole group. An example of this is the 'robust process of negotiation' that took place over the inclusion of the data on AIDS **(Taylor 1997: 124).**

The position regarding 'ownership' of the research in Merton **(Taylor1999)** was infinitely more complex in that the research was contracted by the local authority, and there was involvement with the local health service and a range of voluntary service providers and a significant number of user-based community groups and religious organisations. A central plank of the design and implementation of the research was to generate and maintain an investment from all interested parties, and to ensure that the voice of the services user was represented in decision making forums.

The question of 'ownership' also assumes some measure of influence over how the research is used and where it is to be published. Academic agendas are usually driven by the Research Assessment Exercise; funding agencies by policy requirements; and user groups by individual or group need. All of these concerns require attention. To ensure maximum user participation this negotiation is best held early in the process, and this is the case with all of the published works, such as the research that resulted in **Taylor & Bishop 1991** and **Taylor & Darby 2003,** where respondents were involved in the process from pre-interview discussion right through to the proof-reading stage.

"A PSR approach is one that involves the respondents in both the purpose and process of the research at all stages, making all aspects of the research transparent, and offering the choice to respondents to opt-out if they wish".

(Taylor 1997: 112-113)

This is what Holman refers to as "research from the underside" (Holman 1987, cited in **Taylor 1997**), an attempt to literally overturn the usual top-down approach to policy making. Holman cites his work amongst the poorest people on the Easterhouse estate in Glasgow, but the principles can be more widely applied.

The clearest articulation of this approach in the published works is **Taylor 1997,** where a study undertaken with gay and lesbian deaf people as part of **Taylor & Bishop 1991,** was further examined within a Critical Ethnographic framework. Also, **Taylor 1999** contains a definition of Social Action and a detailed account of how such an approach was employed to ascertain the views of service users in the London Borough of Merton. A major challenge, after first finding respondents for this study – no mean feat in itself, was to overcome the 'dependency' culture (Oliver 1990), whereby deaf people from minority ethnic communities did not consider it possible that they might be able to influence services. This dilemma is discussed within a framework of existing power relations and the promotion of empowerment in the research process.

Taylor 1996 and **Taylor & Palfreman-Kay 2000,** both of which focus upon the access to, and experience of, higher education for deaf and disabled students, involved respondents directly in defining and analysing the issues under consideration. In both cases, members of the subject population were part of the research team.

Elsewhere in the published works the notion of "community-based analysis of social problems" is implied rather than expressly addressed. The testimonies of deaf people in **Taylor & Bishop 1991** and **Taylor & Darby 2003** constitute a challenge to deaf and hearing communities and any attempt to pigeon-hole or marginalise individual deaf people in their endeavour to celebrate different ways of 'being'. This is a theme that is further explored in **Taylor 1993** in relation to welfare services.

An orientation toward community action

Community action, or cultural action as Freire termed it (Freire 1972), is the process whereby communities begin to identify their social and political status as part of a wider set of social forces, and make some claims to their inclusion in how their lives are organised – it is transformative action. In the turmoil that often surrounds political activity in Latin American countries this can be construed as revolutionary and, in fact, Freire was imprisoned for his methods of teaching illiterate Brazilians how to read and write.

In late modern Britain the social and political context is not as extreme as that, but community action is nevertheless an essential ingredient in user participation. At the centre of the community action model is the 'dialogical – anti-dialogical' nexus, whereby;

"Dialogue with the people is radically necessary to every authentic revolution."

(Freire 1972: 98),

and, an anti-dialogical stance does therefore not support social change. And Freire (1972) is quite precise about what counts as 'dialogue'. Here (Freire 1972: 60) he defines it as a combination of *action* and *practice – Praxis,* (originally a term used by Marx to mean human reflection on their labour) and, according to Freire, action without practice is simply *verbalism* and practice without action is merely *activism*, neither of which alone can lead to effective social change. This means that researchers have a responsibility through reflective practice to locate dialogue at the root of their practice; to encourage collaboration with a range of relevant organisations; and ensure that opportunities are created for collective reflection amongst the various groups (Senge & Scharmer 2001).

There is evidence of the different elements of community action in all of the published works. That dialogue is a fundamental part of research practice is demonstrated in **Taylor & Bishop 1991, Taylor 1996** and **Taylor & Darby 2003** by the nature of the published material. **Taylor 1993** locates community action within the social worker/service user relationship, in terms of the challenge to social workers to move beyond stereotypes and policy constraints to establish a setting where the needs of service users can be fully explored.

This model of community action is further developed in **Taylor 1997** and **Taylor & Palfremen-Kay 2000,** which address the tensions between the subject group and their closest associates; in one case gay and lesbian deaf people and the wider Deaf community; the other, disabled students and their non-disabled peers. In both these

cases it is necessary to proceed carefully and not simply by driven by the timescales of the research process.

By identifying *isolation* as a major factor in the Merton research (**Taylor 1999**), for service providers as well as service users, it was possible to develop the community action approach more fully, and map out some 'real world' opportunities for social change with the support of all interested parties.

"The single most significant recommendation we made from the research was the establishment of a Forum of service users, community leaders and service providers, where the development of services would be discussed. It is also, ironically, perhaps the most obvious recommendation to make. I would suggest that it is a symptom of the extent to which the different parties in Merton felt isolated from each other that even such an obvious first step could not be taken, and that perhaps this is not surprising, given the divisive nature of structural oppression".

(Taylor 1999: 382)

Social Model of Disability

The Social Model of Disability is a left-wing political development of the thinking and political action by disabled activists in the 1970's and 1980's as a direct challenge to the 'medicalisation' of disability and disabled people. Social attitudes and environmental factors are deemed by the Social Model as being of overriding importance in the 'disablement' of people with physical impairments, rather than the individualisation of the problems faced by disabled people as is the case with the medical model.

The term 'Social Model of Disability' was first used by Michael Oliver (Oliver 1983), but the ground had been prepared some years earlier with the setting up of the Union of the Physically Impaired Against Segregation (UPIAS), an organisation initially formed to represent the views of disabled people attempting to leave residential institutions and live in the community. And Oliver (1996) acknowledges the work of UPIAS, and Vic Finkelstein in particular, in mapping out the "Fundamental Principles of Disability" in the so named UPIAS document of 1975:

"...disability is a situation, caused by social conditions, which requires for its elimination, (a) that no one aspect such as incomes, mobility or institutions is treated in isolation, (b) that disabled people should, with the advice and help of others, assume control over their own lives, and (c) that professionals, experts and others who seek to help must be committed to promoting such control by disabled people".

(UPIAS 1975: 3)

There is an outline of the Social Model in **Taylor & Palfreman-Kay 2000: 41,** and a discussion of how it fits into the methodological framework for the study of relations between disabled and non-disabled students. But the principles of the Social Model are evident throughout the published works as central to the structure of the research. There are some difficulties in mapping the Social Model onto cultural constructs of Deaf community, as discussed in Chapter Two, but in terms of social attitudes and environmental factors deaf people can be considered to be members of a wider community of disabled people.

That no one aspect such as incomes, mobility or institutions is treated in isolation

Taylor & Bishop 1991 is a demonstration of the diversity of deaf people and a direct challenge to essentialist notions of deaf identity(ies). This is a theme that is more fully explored in **Taylor & Darby 2003** in an attempt to locate deafness as simply one determinant in the life-mix of people who might otherwise identify themselves as a teacher, an entertainer or a footballer. This point is reinforced by deaf students who wanted what they termed as a "normal" student experience **(Taylor 1996)** which included them as deaf people, rather than any kind of special arrangements specifically reserved for deaf students. It was not their deafness that was the barrier to achieving their aspirations; it was the failure of the institutions to create an inclusive environment. Oliver argues that the problems are almost entirely attitudinal. "Teaching is teaching", he states (Oliver 1996: 87), and what is really required is a commitment by teachers to include disabled learners rather than simply identify them as 'special needs' and use the lack of resources, extra training or enhanced skills as a reason for not attending to their wider educational needs.

The failure to integrate deafness with an understanding of a minority ethnic identity led to the almost complete exclusion from public services of deaf people from minority ethnic communities in the London Borough of Merton, and marginalisation within their cultural communities. The Social Model was used to "..explore the complex set of relationships that characterise the day-to-day reality for deaf and hard of hearing people from minority ethnic communities..." **(Taylor 1999: 369).** Which, of course, emphasises their own understanding of their needs and requirements, wishes and aspirations, rather than an externally imposed construct based upon a partial view of who they are? This is a theme that permeates the debates in **Taylor 1997,** where the marginalisation of gay and lesbian deaf people within Deaf communities is addressed within the discussion of the design of a participatory research approach with groups. And, the very narrow social space that gay and lesbian deaf people were being forced to occupy was a major barrier to the development of an inclusive research approach, both in terms of finding and engaging respondents, as well as the trustworthiness and motivation of the researcher.

<u>That disabled people should, with the advice and help of others, assume control over their own lives</u>

There is an assumption in the published works that it is very difficult for disabled people to gain and maintain control over their own lives in the face of overwhelmingly hostile social forces. **Taylor 1993** explores the social worker – service user relationship and highlights Oliver's (1990) concept of the "dependency

relationship" **(Taylor 1993: 125)** as a major factor in denying control to disabled people. Changes in social policy that emphasise the trend to individualise welfare services reinforce the dependent position of service users, such as disabled people, in the hierarchy of service delivery.

"In the midst of this relationship between the local state and the individual are social workers who are invested with institutional power based on accepted practice. By contrast, the rights of service users are built upon shifting sands that require them to possess a lot of knowledge of the system, or be dependent upon the good will and commitment of their social worker."

(Taylor 1993: 142)

This theme is underlined in **Taylor 1996** and **Taylor & Palfreman-Kay 2000** by the understanding of the challenge faced by disabled students in managing to assert any kind of control over their education, and that often this will leave them ill-equipped for the competitive arenas of further and higher education. Furthermore, there appears to be little interest amongst tertiary educators in assisting disabled students to become adult learners who can develop their own learning strategies. The emphasis is on the management of grants and equipment, and assistive personnel (which colleges are only too happy to cede to the disabled person) rather than control of the learning agenda, and disabled students are too often left to sink or swim.

"This places the deaf student outside of the sphere of interest of the college and locates them as the 'other', with hearing students as the norm. The 'problem' of

deafness is thus individualised, and returned to the deaf person to manage the solution."

(Taylor 1996: 69)

The extent to which this problem of control exists within the education system is addressed by an investigation of relationships between disabled students and their non-disabled peers on Access to Higher Education courses in **Taylor & Palfreman-Kay 2000.** This is an issue first identified in **Taylor 1996** as a potential barrier to educational progress for disabled students, and was located as an important element of the latter study. Now, of course, the Special Educational Needs and Disability Act 2001 (SENDA) has been implemented in which "It is unlawful for the body responsible for an educational institution to discriminate against a disabled person" (Ch. 10, Sec. 26: 28R, (1)), and it remains to be seen exactly what impact this will have upon the challenges that confront disabled students.

That professionals, experts and others who seek to help must be committed to promoting such control by disabled people

The accounts by deaf people that appear in Being Deaf **(Taylor & Bishop 1991)** and Deaf Identities **(Taylor & Darby 2003)** are the products of an understanding that the respondents who provided the material for both books are the experts. The research and editorial task was to enable the accounts to be delivered to a wider audience and to locate the experience of individuals within a broader social context. What Booth refers to as a "narrative" approach.

"By narrative methods I mean methods aimed at depicting people's subjective experience in ways that are faithful to the meaning that they give to their own lives."

(Booth 1996: 237)

The practice of 'promoting control' by gay and lesbian deaf people over the research process is described and discussed in some detail in **Taylor 1997.** And similarly, in **Taylor 1999** with deaf and hard of hearing people from minority ethnic communities where, despite being faced by a network of complex social forces, deaf people from very different ethnic backgrounds identified their *isolation* as a major site of their oppression, and were very keen to take whatever opportunities available to make changes.

"By incorporating a *social model* of disability, researchers using a Social Action approach are obliged to locate service users as *central* to the solution of problems and not simply view them *as* the problem."

(Taylor 1999: 375)

Methodological and theoretical integration

As stated at the beginning of this chapter CSR is not method dependent, and employing CSR as an overarching framework for research makes it simpler to incorporate different methods and models as long as the epistemological underpinnings of CSR prevail. Having said this, the Social Model of Disability and the concept of 'user involvement' do not present particular challenges in this respect as their roots are steeped in many of the same principles as CSR such as; natural justice, user empowerment and the call for radical social change.

This does not mean that such a complete level of methodological integration is present throughout the published works. The earlier works; **Taylor & Bishop 1991, Taylor 1993,** demonstrate an implicit understanding of such a methodology but lack the sharper focus of the later works. This may echo the state of the field at that time. During the 1980's Deaf community activity was concentrated upon establishing a history and an identity based upon being a discrete linguistic group, and a rejection of any association with the wider disability movement. This is reflected in **Taylor's** work and has changed over time, in it has developed to include a range of perspectives and this can be identified in the published works.

Some of the difficulties presented by the primacy of the Deaf cultural model appear in **Taylor 1996.** But it is **Taylor 1997,** where a conscious effort is made to construct a

more progressive paradigm for research by re-investigating first principles and past research practice, where a higher level of methodological integration is the focus of attention. The progress made was applied directly in the field in the study in the London Borough of Merton **(Taylor 1999)** and the research on Access courses **(Taylor & Palfreman-Kay 2000),** both of which present a more confident grasp of the methodology and argue the case for closer researcher/practitioner relationship and the need for carefully constructed methodologies:

"It is not sufficient to simply record and report the 'voice' of the user; it is necessary to theorise data. This is not to say that the research should emphasise an abstract analysis of the data at the expense of the practical and real world consideration; rather that it should be dialectical in relating the experience of service users to wider social structures."

(Taylor 1999: 382)

Chapter Four: Contribution to Knowledge.

The published works make original contributions to knowledge in the following areas:

- Theoretical.
- Methodological.
- Policy and Practice.

Theoretical

As discussed in Chapter Two, sign-language research and associated political activity in the 1970's and 1980's led to a demand from deaf people for recognition of their cultural heritage. The published works introduced the notion of multiple identities in relation to deaf people in an attempt to transcend the developing polarised debate between essentialist medical definitions and those, equally essentialist, constructs based simply upon the use of sign-language. **Taylor & Bishop 1991** was very important in providing empirical evidence for the development of this position, using the Deaf community cultural form of story-telling. Issues of identity are prominent in the published works in the development of a theoretical framework that locates deaf people as not simply victims of oppressive social structures but as occupants of social spaces with differing relationships to sites of personal and institutional power.

Taylor & Darby 2003 represents the clearest demonstration of this position, where again story-telling is used as a format to enable deaf people themselves to illustrate the great diversity of deaf identities, supported by the theoretical framework established in the Introduction and reinforced in the guides to the different sections of the book.

Being Deaf (Taylor & Bishop 1991) is widely read in the deaf field, both in the UK and internationally and is a set text for many courses on deafness. **Deaf Identities (Taylor & Darby 2003)** has been similarly welcomed since its publication.

The published works attempt to link this construct of deafness with other social and political developments such as those in relation to minority ethnic communities **(Taylor 1993, 1999, Taylor & Darby 2003)**, gay and lesbian people **(Taylor 1993, 1997, Taylor & Darby 2003)** and, in particular, the disability movement **(Taylor 1993, 1999, Taylor & Palfreman-Kay 2000, Taylor & Darby 2003)**.

Methodological

The published works represent a methodology developed in practice over a period of time, in an attempt to assemble a range of practice-based inclusive approaches to research in the deaf field within a Critical Social Research (CSR) paradigm. Traditionally, most research in the deaf field has been on the medical aspects of deafness, and more recently on the development of sign languages. The contribution of the published works is to present a novel flexible approach to combining a range of methods; traditional Deaf community cultural forms, such as story-telling **(Taylor & Bishop 1991, Taylor & Darby 2003), a** participatory approach **(Taylor 1996, Taylor & Palfreman-Kay 2000),** with groups **(Taylor 1997),** and a Social Action approach **(Taylor 1999),** that are adapted so that they all refer to a common epistemological reference point, CSR. They are integrated with concepts such as the Social Model of Disability and professional social work constructs of anti-discriminatory practice within a critical framework to improve user participation and develop a more rigorous methodology.

Policy and Practice

The policy and practice contributions have been in the areas of; development of research practice (as outlined in the previous section), teaching and training, curriculum development, university and local authority policy strategy, and international collaborative project planning.

The research undertaken for **Taylor 1996 and Taylor & Palfreman-Kay 2000** was funded by the Teaching and Learning Committee at De Montfort University. A research report was presented to the committee for both studies and copies of the published works have also been lodged in the committee archive. Presentation of the results of **Taylor 1996** was also made to senior managers of Leicester City and Leicester County Councils Social Services Departments to assist with the development of an inclusive practice placement policy for social work students.

A presentation was made to senior managers of the London Borough of Merton Social Services, Housing and Health Departments of the results of the research reported in **Taylor 1999.** This research was commissioned by the local authority to explore the effectiveness of services for deaf and hard of hearing people from minority ethnic communities. A conceptual framework drawn from previous research, **Taylor & Bishop 1991, Taylor 1996, 1997,** was constructed which located issues of identity as central to service provision and ethical professional practice. The research report identified major shortcomings in service provision, and the recommendations formed the basis for the local authority reorganisation of services.

A selection of the published works **(Taylor & Bishop 1991, Taylor 1996, 1997, 1999, Taylor & Darby 2003)** have been used as teaching materials by Taylor with social work and youth and community work students as part of research methods and research project modules at levels 2 and 3. Other academic staff in the faculty have used **Taylor 1993** as core teaching material with social work students.

Training sessions have been undertaken with academic staff in the Social Work Division at DMU at regular intervals using materials from the published works to help formulate policy on recruitment, teaching and support of disabled students. Materials from the published works have been presented to key DMU policy groups, such as the Diversity Group, the Key Skills Team and the Vice Chancellor's Disability Strategy Group considering the implications of the Special Educational Needs and Disability Act 2001, to inform the development of university policy. And a presentation of the research that produced **Taylor & Darby 2003** was an invited contribution to a DMU regional policy strategy conference on Widening Participation in 2001. A form of the presentation was published by Nottingham University as a case study of good practice of inclusive strategies for a HEFCE funded initiative. The same paper has also been published by DMU as part of its Widening Participation strategy.

The research undertaken for **Taylor 1996** and **Taylor & Palfreman-Kay 2000** formed the basis of a successful bid for European funding from the Leonardo da Vinci programme. This three year funded project, entitled *Broadening access to learning, training and employment for deaf and disabled people,* included universities and community based organisations of deaf and disabled people in the UK, Spain and

Germany. The methodological approach of the published works, with an emphasis on an understanding of structured disadvantage, ethical and anti-discriminatory methods and user participation, underpinned the development and strategy of the project in all three partner countries. In the UK, an accessible and inclusive preparation for higher education (Year 0) programme was developed in consultation with deaf and disabled people, as a bridge from an often unsatisfactory secondary education experience into university. The barriers present in standard Access to Higher Education programmes were discussed in **Taylor & Palfreman-Kay 2000.** The materials produced have been successfully delivered in the classroom in preparing non-traditional students for entry to the social work degree at DMU as part of a Widening Participation strategy. The Year 0 programme is now validated as a 15 credit module to be delivered using a blended learning approach, and, together with a marketing and mentoring strategy, will form the basis of the next bid for Leonardo funds.

Further Reflections and Future Considerations

This Overview charts the development of an approach to research underpinned by an understanding that society is structured by an unequal distribution of power, with the aim of producing knowledge that promotes social change. It is, in a sense, a 'work in progress' because the conditions within which the work is undertaken have changed significantly over the twelve years spanned by the published works, and the subsequent tensions and challenges have also altered.

During this period the university sector has undergone a radical transformation with the incorporation of the post- 1992 institutions and the increasing emphasis placed

upon the Research Assessment exercise (RAE), an issue raised in Taylor 1997. Zarb (2003) argues that a re-alignment of research priorities from the mid 1990's onwards has had a particularly detrimental effect upon emancipatory research in the disability field giving a prominence to research that maintains existing structures and processes and supports centralised policy-making. And, that research which is constructed upon principles of social change is marginalised by;

"...the dominance of political agendas which seek to redefine exclusion as purely an issue for individuals rather than society as a whole."

(Zarb 2003:5)

Given that one of the central features of the research reported in the published works is that of making connections between personal problems and wider structural forces in order to promote social change, if Zarb is correct then such projects will come under increasing pressure to defer to corporate university strategies. This places the development of research within a Critical Social Research paradigm in a vulnerable place both in terms of attracting the necessary funding and in acting upon the findings.

There is no doubt that in recent years the Disabled Students Allowance has made a significant difference to the experience of individual students at university in the UK. Particularly when compared with students in other countries such as Spain or Germany who were part of the Leonardo da Vinci project included in Taylor & Darby 2003. And, that SENDA 2001 has had an impact upon some of the issues of physical access to universities, with the underlying institutional anxiety that a disabled student

might have recourse to legal action on the grounds of unfair treatment. But whilst the agenda for further research concerned with disabled students needs to take account of the changing social landscape some issues remain the same. For example, the attitudinal barriers that define what is and what is not "normal" **(Taylor 1993)**, exclude black deaf people **(Taylor 1999)**, and shape the behaviour of non-disabled children towards their disabled peers **(Taylor & Palfreman-Kay 2000)** are not dismantled by the mere existence of such policy initiatives but by the way in which they are interpreted, implemented and monitored.

Obviously the ideal resolution would be for widespread agreement and support for the implementation of truly inclusive practices. But have all the years of 'race awareness training', Deaf awareness training', or 'disability awareness training' really achieved their aims? To avoid the trap of research being marginalised and shaped by the corporate agenda it is necessary for the principal aims to include practical solutions to pressing problems identified by the people who experience them.

In terms of immediate development, the next stage of the Leonardo da Vinci funded project *Broadening access to learning, training and employment for deaf and disabled people* has as it's primary aim to create a point of access to professional training within the mainstream HE environment that improves the opportunities for disabled people in professional employment. It is intended to do this by developing a preparation for social work course delivered through a blended learning approach and mentoring support programme, and to test this across three European countries.

Questions about RAE output must be addressed within this context of real world change for research to be considered an important part of the disability agenda, and concepts such as widening participation must be primarily concerned with the

inclusion of otherwise marginalised groups rather than simply another way for universities to bolster their recruitment.

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AN EXPLORATION OF ISSUES OF IDENTITY AND USER INVOLVEMENT WITHIN THE CONTEXT OF AN ETHICAL APPLIED RESEARCH METHODOLOGY

BOOK TWO: THE PUBLISHED WORKS

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Submitted in partial fulfilment of PhD by published works 2005

Contents:

There are seven **Published Works** in this submission. Photocopies of five of them are contained within this volume in the following order:

- **George Taylor (1993)** ***Challenges From the Margins*** **Published in** ***A Crisis in Care: Challenges to Social Work,*** **by John Clarke (Ed). London. Sage Publications, Pp103-146.**

- **George Taylor (1996)** ***A Sense of Real Achievement? The Experience of Deaf Students in Social Work and Youth and Community Work Training.*** **Social Work Education Vol. 15, No. 1. Pp46-74.**

- **George Taylor (1997)** ***Ethical Issues in Practice: Participatory Social Research and Groups. Groupwork Vol. 9(2). Pp110-127.***

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- **George Taylor & James Palfreman-Kay (2000)** ***Helping Each Other: relations between disabled and non-disabled students on Access programmes.*** **Journal of Further & Higher Education, Vol. 24, No. 1. Pp39-53.**

There are two books submitted as part of the **Published Works**. They are presented separately in their original published form:

- **George Taylor & Juliet Bishop (Eds), (1991)** ***Being Deaf: The Experience of Deaf People*****. London. Pinter Press.**
- **George Taylor & Anne Darby (Eds), (2003).** ***Deaf Identities.*** **Coleford. Douglas McLean.**

FAMILY LIFE AND SOCIAL POLICY

A CRISIS CARE?

CHALLENGES TO SOCIAL WORK

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CHAPTER 5
CHALLENGES FROM THE MARGINS

GEORGE TAYLOR

> Economic structures determine the roles of professionals as gatekeepers of scarce resources, legal structures determine their controlling functions as administrators of services, career structures determine their decisions about whose side they are actually on and cognitive structures determine their practice with individual disabled people who need help—otherwise, why would they be employed to help them?
>
> (Oliver, 1990, pp. 90-1)

Popular perceptions of social workers tend to be formed by their periodic appearances in the news media. And, whilst their activities are not always reported in a disparaging manner (Aldridge, 1990) it is always easier to recall the disasters and scandals; when, for example, it is reported that social workers have failed to take the appropriate action in time to protect a child from serious injury or death or, conversely, have removed children from their families, apparently unnecessarily, causing distress and hardship.

Social workers have always been subject to a range of legal, organizational, professional, social and emotional pressures and influences. As Rojek et al. describe it: 'The modern social worker labours in a climate of violent, unaccustomed, and changing uncertainties' (Rojek et al., 1988). Now, in the 1990s, they are also having to adapt to a major philosophical shift in their working arrangements. Social services departments, the vehicles for an unprecedented expansion of state social work provision in the 1970s, are now, following the cost-cutting exercises of the 1980s, either fitter and leaner or groaning under the strain, depending on your point of view. Against the backcloth of 'popular capitalism' promulgated by the Thatcher government, the discourse of state welfare is being rapidly replaced by the discourse of the market-place, and social services departments are establishing 'quality assurance' sections, and a tier of middle management whose primary responsibility is the purchase of cost-effective services. The notion of the social work 'client' is being replaced by that of the 'service user', and the operation of choice is being heralded as a guarantor of user satisfaction in the welfare market-place.

The expressed intention of these changes is to bring social workers into a closer working relationship with service users, more of a partnership than a professional-client relationship. How effective these changes will be remains open to debate and can only be accurately assessed after a significant period of implementation. To what extent they are commensurate with the wishes and aspirations of the people it is claimed they will benefit is a different question, and one that concerns us here. The legal

and philosophical basis of social work is being changed by statute, ostensibly to the benefit of service users, and social workers are having to modify their approach so that they are able to 'work alongside' service users. But, as discussed in previous chapters, the activities of social workers have long been subject to challenges from user groups. Some of these challenges, such as that of the Family Rights Group, have highlighted the potentially oppressive nature of social work intervention. Such critics have claimed that the coercive power of the state has been brought to bear upon family life in a way that denies the civil and legal rights of parents.

To a certain extent some of these challenges have helped to shape the prescribed working practices of social workers, with the emphasis being placed on social workers reaching agreements with parents rather than assuming their parental rights. Other challenges cluster around the structural disadvantage experienced by certain groups in society, and their claim that social workers are instrumental in re-inscribing processes of oppression and inequality. Clearly, there are some fundamental objections to the nature and implementation of social work services that will be influential in shaping the future working arrangements of social workers, and present a challenge to the way they perform their duties.

In this chapter we will highlight some of these challenges. They are essentially of a 'personal as political' nature, in that they reflect on the relationship between the impact of social work upon the lives of service users and wider societal patterns and processes. An early example of this type of challenge is The Voice of the Child in Care, a London based group, established in the 1970s to enable children in care to articulate their experiences and influence social workers and policy makers. These have been replaced by the National Association of Young People in Care (NAYPIC) in England and Who Cares in Scotland. Another example is to be found in the growing number of political organizations for older people. They are known as 'Grey Power' movements in the USA, where such organizations have been established for some time, and they are beginning to develop in the UK around issues of poverty and disempowerment.

These challenges from the margins have a number of different voices, and we have chosen four examples to feature prominently in this chapter. They are: 'A chance for gay people' by Don Smart, in which he discusses the experiences of lesbians and gay men who wish to become adoptive parents; 'Toeing the white line', an article by Joseph Owusu-Bempah claiming that black social workers are being used to control the black community; 'Women confronting disability' by Jenny Morris, a challenge to the professional approach to disabled women; and 'Talking about a revolution', a feminist challenge to traditional social work by Liz Kelly, about the approach taken to child sexual abuse. The different voices articulate their own particular challenge to social work. They are not a unified opposition and they work at different levels. At times they are critical of the behaviour of social workers, at others the very nature of the social work task is challenged. This is an important distinction because whether social workers have had the 'professional' freedom to interpret

their role liberally or have simply been following procedures has always been open to debate. As Allan Cochrane comments in the previous chapter, they are seen as either 'misguided do-gooders' or they are 'interfering and making things worse'. Under the Children Act 1989 and the NHS and Community Care Act 1990, the social work task is much more clearly prescribed and whether there will be much room for professional manoeuvre in the way that services are implemented remains to be seen.

The articles included in this chapter illustrate a set of challenges with which social workers should be familiar. Indeed, three of the articles have appeared in the social work press. It is not intended to undertake a sustained, in-depth, analysis of the issues raised, but to identify some common strands running through the challenges. A major aim of the chapter is to maintain that vein of accessibility, so that the issues under debate have a direct relevance to social work practice. In doing this we will highlight the underlying issues involved and, hopefully, avoid a simple criticism of social workers. Two of the voices (Don Smart and Jenny Morris) are of service users describing their own experiences. The other two (Joseph Owusu-Bempah and Liz Kelly) represent a more generalized criticism of social work and raise specific questions about the role of social workers in working with families. Whilst the challenges have their own particular focus, they are similar in that they have not been incorporated into the mainstream of social work thinking and practice and have been actively marginalized. They all raise questions about the way that social work constructs notions of family life, and it is possible to trace some common themes in the different voices, which present some difficult challenges for social workers. We shall use these themes to examine the extent to which the voices are being heard within social services departments.

5.1 DIVERSITY AND UNIVERSALISM

Shaped by universalist assumptions, social work has encountered challenges that it fails to respond to the diversity of its actual and potential client population. This has been particularly sharp around racial diversity and mono-cultural assumptions of social work theory and practice. Dominelli (1989) argues that the racist underpinnings of social work theory and practice mean that neither black nor white clients receive an appropriate service, and that white social workers fail to make the connection between racism and other forms of social divisions, such as sexism, ageism and classism. The origins of this mono-cultural view are deeply embedded in a British culture accustomed to being at the centre of a colonial structure, where it was seen as legitimate to export a British view of the world and impose it upon other cultures. As far as social work is concerned, the 'normalcy' of a universal view of social needs was reinforced by the Seebohm Report (1968). The idea of a single team structure located in the community and being able to meet all of its needs was, to a greater or lesser extent, translated into the subsequent setting up of social services departments. Jones (1983) argues that this was on a cost-

benefit basis; that it is cheaper for social workers to help 'the poor' to become more self-reliant than face the prospect of an increasing demand for institutional alternatives or increased resources. The universalist assumptions that underpin such a strategy are significant for the way they deny the possibility of a structural causation of social problems and instead encourage individuals to fit in with what is held to be an appropriate and proper way of being in British society.

5.2 POWER AND RIGHTS

The traditional social worker-client relationship is an exercise in professional power — based, as it is, on an assumption that the social worker defines both the clients' needs and the means of meeting them. Individually and collectively clients have challenged this arrangement and claimed the right to define their own conditions. Such claims often involve critiques of the power of professionals in producing client dependency. An example of this is the way that members of the Deaf Community are beginning to assert their right to organize their own Community facilities, after more than a century of being almost completely dependent upon hearing people — the clergy, missioners and social workers being the primary influences — whose power they are now beginning to challenge. But the question of rights is not simply that of claiming something which is morally or legally yours. It is difficult, if not impossible, to disentangle questions of rights from questions of power. For rights are only realized if they are enforced and if there are sufficient resources to meet the demand. For example, the fact that under law all children of a certain age in Britain have a right to an education is meaningless if there are insufficient teachers being trained and employed. You cannot insist on your child receiving a particular standard of education if the local education authority has a shortage of teachers and is managing its resources as best it can. Likewise with welfare provision: the right to social services from the local authority does not mean you have a right to receive what you need, but that you will receive what the social worker recommends as long as it can be met from the organization's resources. The power imbalance in this equation is quite stark. The question of rights becomes subsumed within notions of professional judgement and financial management.

5.3 THE FAMILY

Families are a prime site for social work intervention and an increasing source of challenges to social workers. Working with families highlights another dimension in the social work debate about 'rights'. One area of conflict is that of identifying the client. This has been most visible in child protection work where the intersection of different rights (both legal and common sense) has shaped the patterns of intervention. Although the rights of the child appear to be foregrounded legally, claims on and against social work intervention have been made in the name of the rights

of 'the family', the rights of the 'parents', and the rights of the mother and father (separately).

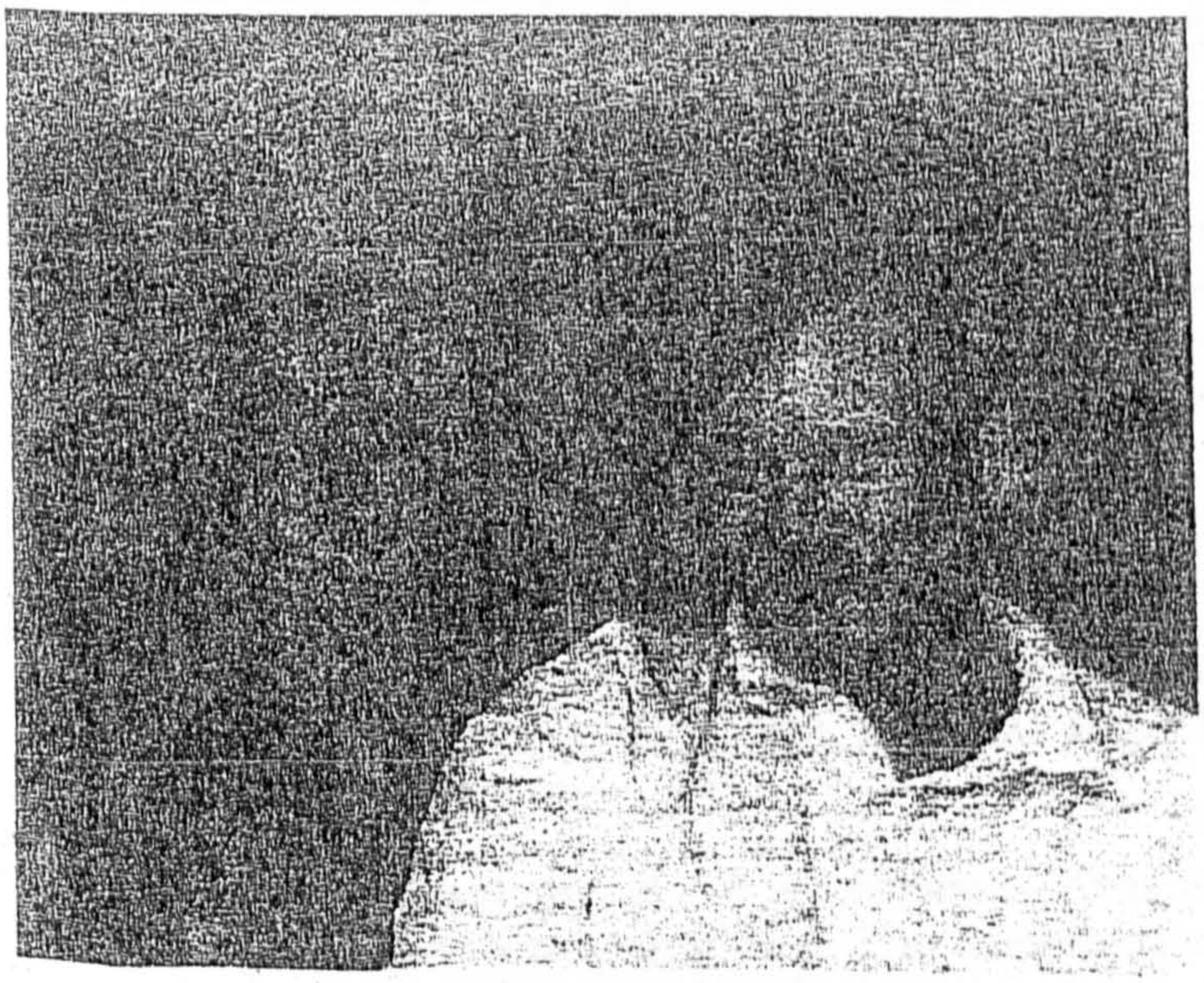
Social workers are also being challenged for making professional decisions based upon ideas about what counts as 'normal' family life. According to Janet Clarke of the Lesbian and Gay Foster and Adoptive Parents Network, 'there is still a prevalent notion of the "ideal" family being a married couple, and families outside of this are still seen to some extent as "deviant"' (Clarke, 1990). This is an issue highlighted by our first voice, 'A chance for gay people', by Don Smart.

5.4 A CHANCE FOR GAY PEOPLE

■ *Don Smart describes the difficulties he and his partner had as homosexuals when they set about trying to adopt a young boy with Down's syndrome.*

I believe that life is an art, and that the art of living can only be taken lightly by those who have been discouraged by their experiences. I have found a remarkable number of the latter working for social services, which is not a system I find sympathetic to the plight of the child. Children who are in need of fostering or adoption are often themselves discouraged.

Our experience goes back some time to the early seventies. We registered with a London agency for placing children with special needs for whom the normal avenues of support were closed. We found that as a male couple things were different and our story is referred to in Hedi Argent's book *Find Me a Family.*



Don Smart

When we moved to our present home fifteen years ago and, through a social work connection, my partner was put in touch with the single parent of a boy with Down's syndrome. The social worker felt she had devoted five years of her life to his welfare and training, and was now looking for a home to give him a wider experience of life and enable him to continue his schooling.

We were proposed and it was decided to give it a go, with the somewhat perplexed acknowledgement of the social worker, under the heading of private fostering.

The boy is now sixteen and has started college to continue his training: this despite repeated suggestions that his name be put down for Home Farm Trust. Possibly a sensible suggestion but not one that we thought in the child's best interests. Only the future will tell.

My partner tells the story of our subsequent dealings with a number of social services fostering and adoption departments in the following words:

> We thought it would be great to go into the nineties with our new boy whom we were hoping to adopt. We knew there would be problems, not only for the boy who had been in care for 11 years, but for us taking on the challenge.
>
> After 13 years of trying to adopt as a gay couple we were turned down again. People say that we would make good parents but we are not given the chance to try. How come?
>
> The last time we tried we were interviewed by a psychiatrist, which at first we did not mind. I later found out that hetero-couples would not have had to undergo this interview. I was very angry. Not wishing to give in I contacted five London boroughs to see what response I would get from them about fostering babies with HIV and AIDS. Either they didn't have a policy about working with lesbians and gay men, or they did not see that at present there was a need for such a service.
>
> As soon as they knew I was gay they tried to ring off. Many of these places have an equal opportunities policy but not when it comes to being gay.

This abbreviated account of our experiences gives a flavour of what it's like to be on the receiving end. The combination of clause 28 and the advent of AIDS propelled us both to involve ourselves in the issues.

On my part, it was from a desire to show society that it could always be different, a view I still hold. We see how badly people treat each other and we know what the stakes are. It is my belief that this century has shown mankind every consequence of its attitudes. If we don't like the responses we get then we can co-operate to change what we do. There is a lot more at stake than gay and lesbian fostering.

We found Dr Thomas Gordon's *Parent Effectiveness Training* the most valuable book on the subject of parenting and this has been our greatest encouragement so far. Moreover, it opened my eyes and ears to the mistaken methods that are commonly tolerated by biological parents, as though being a biological parent were a sufficient qualification for this complicated task.

I take the view that there are three main situations everyone must solve in life: the means of financial support; intimacy or sexual relationships; a social network and friends. If these are more or less solved it is possible to enjoy a 'normal' existence.

How we find the solutions is up to us and in no way do the solutions bear on parenting skills. Our own experience proves that this is so. Who needs to dissemble their sexuality? It seems unnecessary: all that is required is a willingness to co-operate and that surely is the aim of having an equal opportunities policy.

Judge not that ye be not judged.

(*Community Care*, 24 January 1991) ■

The challenge presented in Smart's article goes right to the centre of a major difficulty for social workers: what is a family? The idea that families are the most appropriate place for children as they grow up is deeply embedded in the collective social work consciousness. This is hardly surprising as it is a central assumption of the wider social ideologies within which social work exists. But social workers are not merely bystanders in the arena of social organization. Some of them are employed specifically to be actively engaged in this area of work, and the discourse that underpins and shapes the management of children in care is that of 'substitute families', where social workers often work in 'family care' teams, whilst others are employed as 'family finders'.

What lesbians and gay men come up against when they wish to adopt or foster is that there is an unwritten central belief that a family should really be headed by 'a mum and a dad'. As far as adoption is concerned this has some legal basis, as under the Adoption Act 1976 only married couples or single people can apply for an adoption. One way around this for gay and lesbian couples is for one of them to make a single application to adopt, but this does mean that the child will have only one legal guardian and one of the adoptive parents will be without any legal rights at all. It is also likely that they would feel it necessary to conceal their sexuality to avoid prejudicing their application or, as Don Smart and John Elderton found, being subjected to extra vetting procedures such as a psychiatric interview.

The law concerning fostering (the Foster Children Act 1980) allows for a liberal interpretation by local authorities of whom they recruit and approve as foster carers. However, Clause 28 of the Local Government Act 1988 prohibits the promotion of the '...acceptability of homosexuality as a

pretended family relationship'. The Department of Health's regulations on foster care state:

> It would be wrong arbitrarily to exclude any particular groups of people from consideration. But the chosen way of life of some adults may mean that they would not be able to provide a suitable environment for the care and nurture of a child. No one has a 'right' to be a foster parent. 'Equal rights' and 'gay rights' policies have no place in fostering services.
>
> (Department of Health, 1990)

The fragile nature of rights is clearly demonstrated by this statement when the power of government is brought to bear in a deliberate attempt to direct the actions of social services departments in the exercise of their professional judgements in relation to 'family finding'. As it transpired, the final sentence of that article was deleted from the final version of the guidance because it was considered by a number of child care organizations to be restrictive and unhelpful. Social services departments are acutely aware that if they actively recruit and approve gay and lesbian foster carers as part of their 'substitute family care' strategy, they may well be acting, if not illegally, then certainly contrary to the wishes of central government. Nevertheless, child care agencies have recognized that there may, at least, be 'special needs' which might make gay or lesbian foster carers an appropriate placement for a young person.

This presents social workers with a dilemma. Do they pursue the possibility of placing a child with lesbian or gay substitute parents in the knowledge that it will have to be justified at every stage, and in the end an adoption order is unlikely to be granted? Or do they pragmatically conclude that the child's best interests will be more effectively served by its being placed in a family that accords more with the expectations of social services senior managers, magistrates, and high court judges, who make the ultimate decisions?

A comprehensive assessment is seen as the cornerstone of all good social work practice, and in situations where the long-term future well-being of a child is concerned, social workers must consider a multiplicity of factors. What Smart and Elderton appear to be faced with is that their sexuality is of overriding importance as potential parents, and whatever else they may offer is barely taken into account. Pat Romans is an adoptive parent, an experienced foster carer, and a lesbian. Describing a research project into the lifestyles of forty-eight lesbian mothers, she comments:

> Being identified in terms of sexuality is a common experience of the lesbian mother. Social workers are seen to be guilty of this offence. One woman said, 'I was asked how many sexual partners I had had; I said it's not your business, how many have you had by the way?'
>
> (Romans, 1991, p. 14)

Romans claims that social workers are particularly powerful people in the lives of lesbian mothers, and generally demonstrate a personal hostility

to the notion of lesbian parenthood. She reports that more than half of the women in the research sample practised some form of concealment of their sexuality, some even staying in heterosexual marriages, in order to '...avoid involving their children in its difficult repercussions'. According to Romans, the mother's desire to protect her children is used by social workers to control the lesbian mother, and even though relationships with individual social workers may, on the surface, be positive, the underlying philosophy of social work with its notions of 'normal' families militates against the acceptance of lesbian parenthood. This may create a dilemma for some social workers who may be sympathetic towards the notion of lesbian parenthood but consider themselves constrained by their professional mandate. The focus of power in this instance shifts away from the individuals directly involved towards the institutional control of social workers in the system, who in reality may have very few courses of action open to them. Romans challenges the rationale for much of the social work involvement with lesbian mothers and poses some questions for social workers engaged in such work:

> Is the situation a cause for concern and, if so, why? How much ignorance and homophobia is being allowed to influence decisions? Is there a need for social work intervention at all and, if so, to what purpose?
>
> (Romans, 1991, p. 15)

If Romans is right that lesbian mothers are being actively discriminated against by social workers, then the rights of lesbians and gay men to be considered as foster carers and adoptive parents are being infringed. The attack upon rights in this instance would appear to emerge from a number of different, but complementary, quarters. First, there is the public perception of gays and lesbians and their suitability, or rather lack of it, to be parents. Such a view is undoubtedly held by some social workers and is more than likely to influence their judgement. Secondly, there is the fact that there are certain legal restrictions placed upon gays and lesbians in the area of fostering and adoption. And thirdly, social services departments are clearly not adequately equipped and resourced to feel secure in undertaking work in this area and will, therefore, probably prefer to withdraw from it.

This does, then, raise the question about what happens in other areas of social work activity — for example, young people in care. As roughly 10 per cent of the population is either lesbian, gay or bisexual (Kinsey et al., 1948; Kinsey et al., 1953; Weinberg and Williams, 1974) we can expect this to be reflected in the 'in care' population and, therefore, it should be taken into account by social workers. But what is their experience of being cared for by social workers? The Albert Kennedy Trust was established in 1989, as a response to the perceived discrimination against young lesbian and gay people in care. Albert Kennedy was gay, and he frequently ran away during his eighteen months in the care of Salford Social Services Department. One week-end he fell to his death from a

multistorey car park. The Trust named after him offers counselling for young gay and lesbian people and their parents/carers, a safe house to young people in crisis because of their sexuality, and respite care for lesbian and gay parents when ill. The Trust was founded by Cath Hall, who has experience of fostering lesbian and gay young people. According to Hall, many children find their way into the care system because they are struggling with their sexual identity and feel pressurized in school and social situations. In care the pressure is simply intensified:

> One young boy came to me when he was 16. He had been in care for three years. At his last place the other kids had urinated on his bed and torn up his possessions — they wrote gay bastard across the wall in lipstick. That's quite apart from the situation where the other kids refuse to share a room with them and staff find it difficult to do anything about it.
>
> (Hall, quoted in Sone, 1991, p. 12)

In establishing its pool of lesbian and gay carers, the Trust avoided calling them 'families', preferring to refer to them as 'big sisters or brothers'. Their rationale is not to do with legal prohibitions around lesbian or gay couples being seen as families, but a response to their observation that families are often places where young lesbian and gay people feel unhappy. The long-term aim is to have regional offices recruiting and approving their own carers working in cooperation with social services departments. It is easy to see why any busy social services department might welcome this development. Both the problem and the solution would be identified and addressed by a users' organization — offering mutual benefit within a spirit of cooperation.

Within this context, the issue of whether this initiative is helpful appears to be overshadowed by the way it challenges deeply held beliefs about children and families. The then director of Salford Social Services Department, Val Scerri, commented thus:

> I'm not sure how far the public and the council would find it acceptable for us to place teenagers with homosexuals. Our council members are looking to us to place young people in a normal environment — the element of risk a public body can take is limited.
>
> (Scerri, quoted in Bartlett, 1989, p. 7)

Social workers who are themselves gay or lesbian are placed in a terrible double bind by this kind of attitude. Do they avoid working with children and families altogether, or assist in implementing policies which impinge on their own way of life? Similar dilemmas, but to a much lesser degree, affect heterosexual social workers who adopt a liberal view of human sexuality. Because social workers operate both 'care' and 'control' functions, they are much less likely to take risks in areas where senior management, local politicians, and wider society hold strong views. Social

workers are themselves increasingly the objects of management attention, and performance indicators, workload regulation, and regular appraisal exercises are being established as part of the local authority management systems. In this climate, with social workers feeling that their jobs may be under threat, the procedural-controlling functions of social work will probably prevail whilst attempts at advocacy, power sharing and risk-taking diminish.

The 'risk' of placing children with lesbian or gay carers is a complex of notions/beliefs/prejudices which require some unravelling if we are to understand their power. Male homosexuality has always been held to be a threat to the stability of Judaeo-Christian society, the penalty for which is death (Leviticus, 20:13). The medieval construct of male homosexuality was that it was outside of any communication with God and therefore located firmly with the devil. Homosexual acts were described as the 'abominable vice of buggery' in the 1533 Act of Henry VIII, punishable by death. The death penalty was imposed on 80 per cent of cases for homosexual acts in 1810, compared with 25 per cent for other capital offences. The 1855 Criminal Law Amendment Act (known as the Labouchere Amendment) extended the existing statute to make it an offence in private as well as public (Weeks, 1977). As Taylor and Meherali (1991) comment: 'The 1967 Sexual Offences Act loosened slightly the law regarding homosexual practice, by decriminalizing sexual acts in private between consenting men over the age of twenty-one. Surveillance continues in the public domain.' The advent of AIDS has, once again, linked the medieval notions of male homosexuality with sickness, ungodliness and death, precipitating another period of intense social pressure on gay men.

Another strand in this knot is the idea that lesbians and gay men are a bad influence on children: their sexual behaviour is deviant and they are unnaturally attracted towards children of their own sex. Consequently, they may encourage children into homosexuality or, at the very least, are incapable of providing appropriate role models. These fears ignore the overwhelming evidence that children are much more likely to be sexually abused by heterosexual men within their own homes (the Metropolitan Police figures indicate 96 per cent of reported sexual assaults on children are of this nature). Despite the intense social pressures to be heterosexual, 10 per cent of the population grow up differently anyway, so there is little substance to the claim that children brought up by lesbians or gay men would be unduly influenced in terms of their sexuality.

The 'facts' about lesbians and gay men, however, make little impact on the 'myths', for they are held on an ideological level, available to everyone and apparently based on common sense. Not only are they culturally embedded but they are also reinforced in statute. Social workers are also ordinary citizens and as susceptible to those ideas as anyone else, and this creates a tension in their role and presents them with a dilemma to be resolved. The social work task is not always clearly defined and social workers are subject to moral, legal and organizational imperatives, which

may either conflict or concur with their personal politics when addressing these issues. Furthermore, the traditional base of social work, as discussed in Chapter 2, encourages social workers to identify and establish problems to be solved. The professional impetus to individualize and pathologize means that lesbians and gay men are likely to be understood in terms of the 'problems' they present to Western traditional notions of family life, what the Lord Chancellor, Lord Mackay, referred to as '...the basic building block of a free and democratic society...' (*New Law Journal*, 1989).

It is not surprising, therefore, that when it comes to recruiting lesbians and gay men as 'substitute families', or considering the needs of young gay people in care, social workers are struggling. The Children Act 1989 states that 'the needs and concerns of gay young men and women must also be recognized and approached sympathetically' (*Guidance and Regulations*, vol.3, Sec.9.50) and that 'preparation for this process should be incorporated in the care plan for the young person as soon as he starts to be looked after, accommodated or privately fostered' (Sec.9.43). This would appear to permit social services departments to address the needs of young lesbian and gay people at a structural level, but this would then bring them into conflict with the intentions of Clause 28, the restrictions of the Adoption Act, and the deeply held prejudices towards lesbians and gay men that exist within society. The challenge that social workers face is to what extent are they prepared to confront cultural assumptions and the constraints of statute, in balancing the needs of young gay and lesbian people in care and the rights of lesbians and gay men to be carers and parents, with the central focus that social workers have upon the idea that heterosexual families are the best places for children.

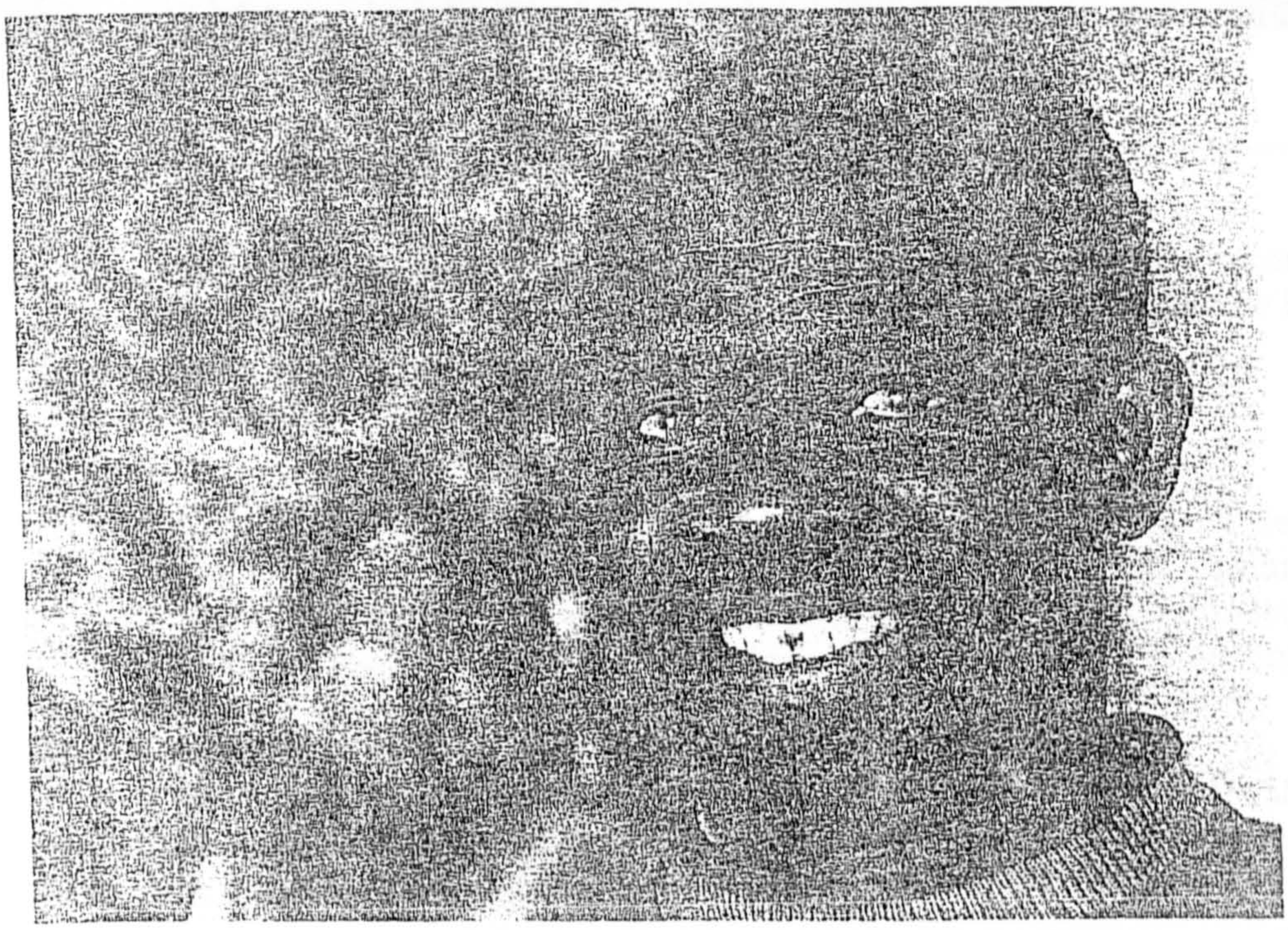
The idea that a particular construct of 'family' can be actively used to discriminate against a certain section of society is an issue that is also addressed in our second voice, that of Joseph Owusu-Bempah, the director of the Anti-Discrimination and Equal Opportunities Consultancy.

5.5 TOEING THE WHITE LINE

■ *Black social workers can unwittingly find themselves being used as agents of control in a dominant white society, according to Joseph Owusu-Bempah.*

Studies of prisoners-of-war have established that identification with the status and power of the captors is an important factor for the prisoners. They further seem to suggest that this identification phenomenon can also be observed at work in the process of socialization and professional training. For example, educational establishments and professional institutions, with their power or high social status, operate to change the layperson (such as a black person or a white working-class person) into a professional person — a lawyer, teacher or social worker.

Professional training affects the self-concept of the students: they designate themselves by an occupational self-reference, as teachers,



Joseph Owusu-Bempah

doctors, nurses, with increasing frequency as they pass through the various stages of professional training. The process also involves internalizing social and personality attributes deemed characteristic of the profession one aspires to, including even those which are not directly relevant. This is not very dissimilar to the 'identification with the captors' process.

The so-called helping professions, including teaching and social work are potentially insidious agents of social control. It is not surprising therefore that, like the police force, these professions are the ones which appear to be actively recruiting black people (presumably to control the black community). While not questioning the value of social control, what is of concern is the question of who controls whom, and to what end.

In Britain the dominant group (white people), via the various agents of social control, control minority groups (black people) in the interest of the former. The professions play an important role here. Almost every professional training in Britain is tailored to the needs and values of white people; it reflects and reinforces the exclusion of black people from all important spheres of life.

Set in a European framework, professional training 'pathologizes' or at best ignores black people's needs, values and culture, including even their family and kinship patterns. Black people are expected to conform to white middle-class needs and values in order to receive a professional service. Those unable or unwilling to do so are therefore

pathologized by practitioners, such as teachers and social workers, who are ill-equipped by their Euro-centric training to understand or help them.

WHITE DEFINITIONS

Even the parental needs or circumstances of black people are defined by white institutions and their representatives. The West Indian family, for instance, is regarded as pathological on the assumption that it lacks a father whose role as guide and disciplinarian is assumed by white practitioners: magistrates, social workers, and teachers. Labelling the West Indian family as pathological enables representatives of the dominant group to encroach upon it for the purpose of control. Sadly, black people are increasingly being recruited in various capacities to perform such tasks.

This has far-reaching implications for black practitioners and their black clients. In their role as practitioners they are governed by white cultural norms and expectations which demand they regard their own culture as maladaptive. And given the insidious effects of the Euro-centric training and socialization on them, many may even regard themselves as the guardians of their clients, or community. That is, like the inmates of prisoner-of-war camps, they identify with powerful white institutions and professionals and try to steer their black clients — delinquents, offenders, patients, or families — to toe the 'white line'.

Many black teachers, for example, believe that the school is charged with the duty to instil white middle-class values into black (and white working-class) children to enable them to become middle-class themselves; losing sight of the adverse effects of racism on those children. Similarly it is not uncommon for black psychiatrists and psychiatric nurses to employ Western diagnostic tools to label black patients mad.

Nowadays it is almost sacrilegious to be associated with racism. White professionals are vulnerable in this respect. So to avoid being associated with racism, many organizations and professional bodies find it safer and more convenient to implicate further black people (victims of racism themselves) in racism by recruiting, training and employing them to implement racist policies and procedures on their behalf.

Measures needed to rectify this state of affairs should include the following:

- black students of the various professions need to take pride in themselves and their community;
- the training they receive should value them and their culture;
- while in post, they must be vigilant to ensure they are not used to do their employers' dirty work for them — to victimize or discriminate against black people;

- it is equally necessary for training institutions to embrace wholeheartedly the spirit of multiculturalism and equal opportunities, and incorporate it into their training programmes, by valuing and including the major ethnic minority groups and their cultures.

Until the European bias of professional training in Britain is remedied the black community will continue to be short-changed in their dealings with professional practitioners, irrespective of their colour or ethnic origins. (*Community Care*, 14 September 1989)

Many writers have commented upon the inappropriateness of social work services for the black communities in the United Kingdom based, as they are, upon a white middle-class model of service provision. Owusu-Bempah's challenge, however, goes further because it accuses the social work establishment of organizing itself in a way that deliberately discriminates against, and controls, black people. One of the mechanisms for achieving social control of black people, according to Owusu-Bempah, is the construct of black families promoted by white professionals. He cites the way the 'West Indian family' is viewed as pathological and, therefore, vulnerable to unnecessary oppressive social work intervention. Surinder Guru (1986), in arguing the case for an autonomous Asian women's refuge, makes a similar point. She claims that the social work establishment ignores the collective and political needs of Asian women who have suffered violence in their own homes and, instead, superimposes a stereotypical view of Asian women and their families in order to provide 'services'. 'In the main, groups for Asian women concentrate on childcare, keep-fit and English classes. Such preoccupations suggest that Asian women are ignorant and need to learn to look after themselves and their children' (Guru, 1986).

The pathological view of 'the Asian family', according to Guru, constructs it as a place where women and children are subject to strict controls, out of step with modern Western notions of family life and, therefore, legitimate targets for particular forms of social work intervention. The way in which Asian families are characterized differently from African-Caribbean families is interesting, in that it could be construed as a genuine attempt to respond to cultural difference.

This is a view that has some appeal to the dominant liberal-professional outlook in social work because it appears to pay some attention to positives — such as the inherent stability of Asian families — whilst, at the same time, relocating blame for difficult issues — such as the 'problem' of fatherless African-Caribbean families — to the broader shoulders of the state. On examination, it is a theory that is inevitably found wanting, as its major contribution is to place the Asian and the African-Caribbean communities of the United Kingdom in competition with each other as to which is making the best effort to integrate with British society and is, therefore, more deserving of state support. Errol Lawrence (1982) asserts that racist ideologies have adapted themselves to developing notions of

cultural difference by, initially, recognizing the difference and then pointing out how the different communities present British (white) society with different sets of 'problems'. For example, the stability of the Asian family can be used to illustrate the relative disorganization of African-Caribbean families. But, as Surinder Guru has already demonstrated, in other debates Asian families are held to be repressive institutions for women and children. However, the relative autonomy of African-Caribbean women is not then seen as a positive feature of African-Caribbean families but rather as a problem. As Carby comments, the problem becomes '...the dominating Afro-Caribbean wife and mother, who is always out working and therefore never at home...' (Carby, 1982).

The inconsistency of the racial stereotyping here is marked, and somewhat contradictory. But is it haphazard or does it have some internal logic? Different forms of stereotyping are available for use at different times in support of the actions of professionals. The power of the discourse around racial stereotypes is that it is able to draw upon a range of sometimes contradictory statements depending upon the aims to be achieved. This selective use of particular accounts of the way that people behave is not peculiar to descriptions of black people. Potter and Wetherell (1987) point out that it is quite common to have a number of different ways of talking about someone, depending upon whether you like the person to whom you are talking and the purpose of the discussion. And that this use of language cannot be considered as simply neutral:

> ...the notion of construction emphasizes the potent, consequential nature of accounts. Much of social interaction is based around dealings with events and people which are experienced *only* in terms of specific linguistic versions. In a profound sense, accounts 'construct' reality.
>
> (Potter and Wetherell, 1987, p. 34)

In this case, the common-sense notions embedded in racist accounts of how black people in Britain behave, based increasingly in seemingly progressive understandings of cultural difference, construct a whole set of 'realities' about black people that legitimize forms of state intervention.

Sashi Sashidharan (1989) is in no doubt that a particular form of reality has been constructed for African-Caribbean people within the mental health system. Sashidharan comments on the over-representation of African-Caribbean people in mental hospitals diagnosed as schizophrenic — 50 per cent of all admissions compared with 20 per cent for white people. This diagnosis is then much more likely to be subsequently changed in the case of African-Caribbean patients than it is for white British, raising the question of whether the figures actually represent a predisposition amongst African-Caribbean people to develop schizophrenia, or problems with diagnosis. According to Sashidharan, black patients are often diagnosed as schizophrenic even when the 'core' symptoms are not present, and new categories of mental illness such as 'West Indian psychosis', 'ganja psychosis', and 'Rastaphrenia' have been invented, thus linking a

medical diagnosis of mental illness with racial origin and cultural practices. The recognition of 'difference' in this context is extremely negative in that it assumes that there are inherent problems in belonging to particular racial groups. Sashidharan comments:

> The pathologisation of the black community, and of cultural differences in particular, is taken a step further by the racialisation of schizophrenia that British psychiatry has achieved in its institutional practice. This only leads to psychiatry being used, once again, as a powerful medium for articulating ideas about race — rather than about mental illness.
>
> (Sashidharan, 1989, p. 15)

According to Owusu-Bempah, social services departments are now actively recruiting black social workers to implement racist policies and control the black community. Certainly, there has been a marked increase in the number of black staff appointed by social services departments in recent years, and a number of new positions created for black staff to work exclusively with the black community. This policy would appear to be generated by a desire to offer appropriate services to the black community. But what is the experience of these workers within the local authority structure? Gilroy (1987) suggests that 'Their perch in the institutions of the local state is contradictory in both class and "race" terms'. He argues that black social workers are essentially members of the professional and managerial class whose job it is to perform local state functions with people who are relatively poor and powerless. However, they can never truly insulate themselves from 'race' politics. As Josie Durrant, the former assistant director of Lambeth Social Services Department, says: 'One's professional self stems from personal experience. As I once said to my director: "I'm a black woman first and a manager is just a role that I play. I can't stop being a black woman"' (quoted in Lunn, 1989, p. 23).

Durrant is critical of the impact that social work has upon the black community, particularly African-Caribbean families who, she claims, have been 'devastated' by social work practices. She indicts local authorities for mistreating their black staff, raising extra obstacles to their promotion and expecting them to perform at a higher level than white staff. And with a sentiment that ironically echoes that of the director of Salford Social Services Department resisting the recruitment of lesbian and gay foster carers, she is pessimistic about the speed of change:

> In any large bureaucracy change is enormously difficult to achieve particularly in respect of race. Local authorities don't encourage creativity. They encourage conformity. At the senior levels, despite what is said, creativity is not encouraged. You are expected to be a bureaucratic animal, worrying about budgets and elected members' agendas.
>
> (Lunn, pp. 24-5)

This would suggest that social workers working in the community are fairly powerless to effect change in this respect. The priorities of senior management focus upon maintaining the *status quo* rather than changing it, and as senior management teams in social services departments tend to be dominated by white, non-disabled heterosexual men, their views will inform and enforce policy. But whilst white social workers are not always aware of the racist nature of social services provision, black social workers are faced with it daily.

According to Gilroy, the stress of trying to manage contradictory notions of professional and cultural identity has resulted in black social workers espousing a 'black cultural nationalism', most conspicuously articulated around the issue of transracial fostering and adoption. The practice of placing black children in care with white families was relatively unknown before the mid 1960s, but has steadily increased since then (Small, 1986). The debate over the cultural propriety of such placements centres around the need for black children to develop a strong black identity which will keep them in contact with other black people and enable them to take a pride in their cultural origins. This in turn will help them resist racism by becoming more resilient and developing a healthy self-respect. Jocelyn Maxime (1986) argues that this is likely to be damaged if black children are brought up in white families. (See also **Dallos and Boswell, 1993**, for a discussion on the impact of racism on the mental health of black people in Britain). This way of thinking has gained some considerable ground in recent years and, whilst there will no doubt continue to be black children who are placed in white families, the Children Act 1989 states clearly that local authorities when placing children shall give due consideration to '...the child's religious persuasion, racial origin and cultural and linguistic background' (Sec. 22 (5) (c)). Of course, 'due consideration' is open to interpretation but there at least now exists a legal recognition, if not a general consensus, and it remains to be seen how this will be formulated into local policies within social services departments and translated into practice by individual social workers.

However, Gilroy argues that the effort put into the campaign for 'same race' placements by black social workers is a 'confused' response to the assertion that black families are pathologically disorganized and deficient. Born of the stress experienced by black social workers, a notion of 'black nationhood' has been constructed whereby black families and communities are respected, and only they can provide the appropriate environment for the rearing of black children. Gilroy argues that this is misplaced in Britain, where the black population is too small and fragmented to be considered as a homogeneous 'nation'. Further, he argues, the debates over 'race', culture and identity have been reduced to a single 'race'/colour issue, in which 'professionalized colour-matching' is of primary importance in the placement of black children. Within this paradigm the issues of why black children are taken into care initially are not addressed. Finally, Gilroy quotes David Devine (the chair of The Association of Black Social Workers and Allied Professionals) as saying, in a

television interview, that the '...black community has been denied the right to look after its own'. This position, says Gilroy, is consistent with the philosophy of the radical right contained within the Thatcherite programmes of rolling back the welfare state and transferring the tasks of care to communities discussed in Chapter 4.

The implications of these debates and developments are profound for all social workers, black and white. At an organizational level they offer the prospect of 'change' within bureaucratic structures that seem designed to resist any form of significant change. At a personal/professional level, to the majority of (white) social workers they offer a series of dilemmas that cannot be ignored. In some ways the challenges have similarities with those that social workers face regarding homosexuality: deeply embedded cultural beliefs, organizational constraints, and inappropriate traditional professional modes of practice. But they also raise the question of *who* should be involved in social work with black people as much as the nature of the services. And at what level, if at all, is it appropriate for white social workers to engage with the issues? The employment of black social workers by itself has not led to major improvements. Indeed, Michael Hutchinson-Reis (1989) claims that '...there appears to be no fundamental change in the underlying racist nature of social work'. He points to the liberal-reformist underpinnings of social work as a negative force in enabling change generally, and in the case of black people it has served to define racism in a way that can be accommodated without too much upheaval to the system.

As new legislation, and changes to the structure of local government, begin to impact on social services departments, equal opportunities and 'positive action' policies will seem to be increasingly expensive within the welfare 'market-place'. Such changes are likely to affect the recruitment of black social workers to specially designated posts. In fact, the Government have recently announced that there will be no more funds for posts financed under Section 11 of the Local Government Act 1966, a major source of specialist provision for the black community. Clearly then, any debate about whether black people have a 'right' of access to a black social worker can have little impact at a practical level, as there exist very few ways of actively recruiting black people into social work. The reality is that, regardless of whether it is more appropriate for black service users to have a black social worker, there are too few black social workers, so the majority of black service users will, anyway, have a white social worker. There is insufficient account taken of the range and diversity of the users of social services, and the overriding factor is that of cost-effectiveness and efficiency of delivery. This way of organizing public sector responsibility constructs a view of social need that, in its narrowly defined form, can be matched by a traditionally based universal service provision. The effect of this is to shift any possibility of change to the already overburdened and ill-equipped shoulders of individual social workers, with the caveat that any attempt to step outside the constraints of official policy may bring them into conflict with their employers. Hutchinson-Reis offers them this advice:

> I would ask that you respect the right of black colleagues to state their position separately. Do not feel threatened by this, but perhaps meet separately yourselves to discuss the issue of racism and what you can do to end it. Racism is an exploitive and oppressive system that you yourselves operate. This is not a reason to be overcome by guilt, followed by liberal good intentions. White social workers do have a positive part to play in combating racism, as well as other forms of oppression. To do this will require positive action. If you fail to do so, you may find yourselves marginal to profound developments in society.
>
> (Hutchinson-Reis, 1989, p. 176)

The question of attitude is one that is taken up in our third voice, that of Jenny Morris, when she described the approach adopted towards her by professionals following an accident that resulted in a broken back:

5.6 WOMEN CONFRONTING DISABILITY

■ *Suddenly becoming disabled can be an earth-shattering experience. Jenny Morris recalls the shock she felt at how professionals treated her.*

More people then ever before are surviving spinal cord injury, partly because of better medical treatment following injury and partly because greater use of car seat belts and motor bike crash helmets means fewer deaths but more broken necks and backs. Therefore more and more social workers are working with those of us who are suddenly confronted with permanent disability.

I broke my back six years ago when I fell twenty feet onto a railway line while trying to rescue a neighbour's child. Among all the emotions I experienced during the following traumatic months, was a feeling of shock at the way health and social service professionals reacted to me. For example, the nurses in the general hospital behaved in an almost callous manner. It took a while before I realised they assumed I had fallen as the result of a suicide attempt and their automatic reaction to an attempted suicide was an unsympathetic one.

I was also shocked when the consultant at the general hospital to which I was admitted, decided without consulting me, that he would not refer me on to a spinal unit — 'for social reasons'. I had to impress on him very strongly that the fact my daughter was only one-year-old was not, in my opinion, reason enough to deny me the specialist treatment that I so desperately needed; he would not have assumed that it was so important for a man to stay in hospital close to home.

These two examples were just the beginning of an eye-opening experience in the way doctors, nurses and social workers brought their own preconceptions to my situation. There was little room for my reality in their assessments as to what action — or non-action — was required. I also found that feelings had little or no place in the

Jenny Morris

rehabilitation process. Or if they did, you were expected to conform to the professionals' ideas about how to grieve.

SHARING

In the weeks and months following my entry into the world of disability I desperately wanted to talk to other women who had been paralysed some years. And I wanted to read about their experiences.

When I left the spinal unit I found there were many other spinal cord injured women who felt the same. So in 1984 we organised two national women's conferences where, often for the first time, women shared their experiences of disability.

It was such a liberating experience, bringing out into the open our concerns, that we decided to write a book that would aim at sharing our experiences with each other and to impress our concerns on the professionals and the general public. We sent out questionnaires to all women members of the Spinal Injuries Association. Two hundred and

five women responded, often writing pages and pages about themselves. *Able Lives: Women's Experience of Paralysis* (Women's Press, £5.95) is the result.

One of the clearest messages from the conferences and the returned questionnaires was how as spinally injured women our concerns are isolated within each individual's private world and were rarely made part of the public world. When we 'appear' as a public issue it is usually in the way the non-disabled world defines us and our concerns and not in the way we would wish to appear ourselves.

Our questionnaire covered all aspects of women's lives: not just the obvious ones of work, motherhood, and relationships but also those which are infrequently brought into the open, such as incontinence and pain. Women wrote, for example, about the effect of disability on sexuality. Few of us are given any help in confronting this issue. If we are lucky we are told the bare physiological facts that it is possible to have 'normal' intercourse (whatever that may be) and to bear a child following injury. Women wrote about how it feels never to have an orgasm again; how our sensuality changes; how incontinence affects making love; how our relationships have been affected.

One of the crucial aspects of women's lives before injury is that, if they are married or cohabiting, and particularly if they have children, they were usually the primary carers in their family after their injury and were rarely just the passive recipients of care themselves.

In spite of this, health and social service professionals often assume that, if we do not have a spouse or parent to care for us, then independent living is impossible. Single women in our study were at a higher risk of entering residential care than married or cohabiting women, regardless of the extent of paralysis or their age. This is a damning indictment of the philosophy of community care.

Most people following spinal cord injury have a great need for advice, expertise and resources from health and social services professionals. This applies not only when we are in hospital immediately after injury, but also over the years of disability, for our needs change. However, there are a number of barriers to getting the help we require.

There is rarely one person who can co-ordinate a response to all our practical problems (housing, money, aids and equipment, personal care, and so on). Instead there are a diverse number of services which seem to be in different places, with little interaction or communication with each other. If there was one person responsible for co-ordinating these different services our lives would be made a lot easier.

Another problem is the lack of specialist knowledge about physical disability among social workers in the community. This can cause particular difficulties for women who never get into spinal units (and this is a more common experience for women than for men) as it means they are unlikely ever to get access to specialist help from either medical or social services personnel.

ATTITUDES

Resource shortage is obviously one of the greatest but this is only part of the problem. More fundamentally, our experiences are determined by the reaction of the non-disabled world in general to disability. The dominant attitude is, on the one hand, to ignore the daily and detailed difficulties which we have, and on the other, to make heroes and heroines of those people who achieve some success in struggling against these difficulties. In these days of the celebration of the philosophy of 'every man for himself' such attitudes are extremely convenient.

Disabled people are perceived as being either 'wonderful' and 'marvellous' — or inadequate and unable to cope. Social workers often fall into this trap by explaining a lack of progress away by an individual's 'lack of motivation'. More generally, society can abdicate responsibility for collective provision as there is a mostly, but not entirely, unspoken belief that some people just cannot be helped because they are not 'survivors'.

It is this philosophy which makes the fight for the resources, to enable us to rebuild our lives, so hard. Disability itself does not determine the quality of our lives. Rather it is the resources available to us which make all the difference. If we have or can get the housing and personal care we need, if we have some friends and family who value us, occupations in and outside the home that we enjoy, then there will be joy in our lives.

We hope the experiences shared in *Able Lives* will go some way towards changing the attitudes of the general public and professionals alike. All of us, whether or not we are disabled, need a society which both cares for and values people, whatever their abilities.

(*Community Care, 29 June 1989, pp. 14–15*) ■

Morris's challenge to social workers is both general and specific. At a general level she is critical of the lack of specialist knowledge of physical disability amongst social workers, and also that professional notions of what it is to be disabled are given primacy over the life experiences of disabled people. The relationship between social workers and their disabled clients is conducted within a framework of 'provider-receiver', 'helper-helped', which locates social workers as powerful because they control the access to resources, and the disabled person as dependent. Michael Oliver (1990) points to the way that services are organized, and how they reinforce the dependency relationship because disabled people have little choice when, for example, it comes to *which* environmental aids they are given, or the *time* at which specific assistance, such as help with cooking or dressing, may be available.

Oliver also claims that the very nature of the professional-client relationship creates dependency and identifies the language that is used within these relationships to be important in maintaining the unequal power distribution. Changes in terminology away from 'client'

to 'consumer', according to Oliver, acknowledge that a problem exists but do little to overcome it because the fundamental basis of the dependency is so widely and deeply rooted within professional structures.

The idea of breaking the dependency relationship, so that disabled people can move to a state of 'independence', is one that increasingly features prominently on the agendas of both social workers and disabled people. But Oliver is sceptical of the way it is being approached. The professional definition of independence, he argues, is based upon the disabled person acquiring practical daily living skills, such as self-care, whereas the disabled person's construction of independence is firmly rooted in their desire to be in control of their own lives. The two positions are not reconcilable because one depends upon the disabled person's response to the standards and assessment procedures of the professional, non-disabled, world, whilst the other is a state of mind and being that does not require 'able-bodiedness'. Morris makes this point when she refers to the way that disabled people who are considered to be making progress are 'wonderful' and 'marvellous', whereas those who do not measure up to the standards set by social workers 'lack motivation'.

Tracing the origins of this dilemma leads us back to the discussion in Chapter 2 of the 'psychology-complex' and the medical underpinnings of the development of social work practice. In this particular case, it is the development of the notion of rehabilitation that determined the course of events. On the face of it, rehabilitation is a good thing, as it enables someone who has lost part of their physical or mental functional ability to re-adapt to life in society. But, by focusing attention upon the disability, the process of rehabilitation also constructs a notion of 'normal', and that is: to be non-disabled. Within this context disabled people are viewed as deficient in comparison with non-disabled people. Dorothy Miles (1988) raises this point when referring to the struggle of the British Deaf community to have their language, British Sign Language (BSL) officially recognized. Despite the support of the European Parliament in 1988, and the fact that BSL is the fourth most commonly used native language of the United Kingdom (British Deaf Association, 1987), the central government view of Deaf people is that they are not a linguistic group. Translated into local government action, through social policies and grant aids, this view culminates in 'rehabilitation' being the overarching strategy for the organization of services for Deaf people. This professional construct of a Deaf person means that they, as Miles says, '...can only hope to become imperfect hearing people'.

The problem here is that if the service user holds a different view from the social workers of what should be happening, then negotiations may be tense and this could be interpreted by the social workers within the constraints of their working practices to the detriment of the service user. For example, in the field of child protection, an injury to a child may have more serious consequences if the parents cannot offer an explanation for the injury than if they admit to having caused it themselves. Whether the

parents caused the injury or not, in one case they are seen to be remorseful and amenable, whilst in the other case it may be concluded that they 'lack motivation' to change and it is, therefore, not possible to work with them. Obviously there are fine judgements to be made in these cases, and the responsibility placed upon the social worker in attempting to assess the likelihood of future significant harm to a child is an onerous one. But it does also illustrate the dilemma faced by the service user — whether they be a parent, a child, a disabled person, or whoever — that working in partnership with the social worker does assume that the service user will accept the working practices and judgements of the social worker as being correct. The alternative is that the service user is viewed as someone who is either unable or unwilling to cooperate, and is therefore unlikely to gain access to services. The notion that there is a 'right' to services becomes transformed into a right to receive those services considered to be appropriate by service providers. And social workers, whose working practices are increasingly prescribed by statute and organizational procedures using a cost-benefit analysis of service provision, will inevitably relegate those service users who 'lack motivation' to a very low priority.

Morris's article also raises a specific challenge to social workers, and that is to become aware of the way that gender may structure the experience of disability. Fine and Asch (1985) argue that this has two major components: first, that disabled women cannot adequately fulfil an economically productive role, and second, that they are unsuitable for either producing or caring for children. The disadvantage that women experience in the job market is one strand of this problem. It is compounded by the concept of rehabilitation, because the emphasis is to help disabled people to become 'useful' and 'productive' citizens, a process which further discriminates against disabled women within a male-dominated society. The level of disadvantage increases when disabled women apply for social security payments, as eligibility for invalidity benefit depends upon previous National Insurance contributions, and the other benefit they can apply for, Severe Disability Allowance, is set at a much lower rate. Disabled women who are not eligible for either must apply for Income Support, but only if their income is below the poverty line (something that is all too easily achieved in these circumstances, and a theme which we will pick up again later). Lonsdale (1991) comments that there is a view that disability is much less traumatic for women, that they are naturally more passive and dependent. The disabled women in her survey, however, refute this idea, describing the loss of control over their lives when they became disabled, and expressing a strong desire for greater independence. Their experience of social workers had not been particularly positive as they, along with other professionals they encountered, were inclined to isolate the individual disabled woman from her social context, thus pathologizing the problem and creating a dependency relationship.

The other strand in the way that gender structures the experience of disability, according to Fine and Asch, is that of sexuality. Morris comments on the lack of any real information or support for the women in her survey. And a Thames Polytechnic report (1987) points to the 'urgent

need' for improvement in the advice and counselling services about sexuality for spinal cord injured men. The implication is that sexual intimacy is not important in the lives of disabled people, but this is contrary to the findings in both the Thames Polytechnic report and the Morris survey. Latham (1990) claims that social workers have not developed an appropriate language with which to communicate with disabled people about sex, and he urges social workers to attend courses on 'speaking sexually'. Latham also refers to a survey he carried out in 1987 of public offices where disabled people might seek advice on such matters — only one out of twenty was fully accessible for those with a mobility disability. The following year a similar survey revealed five accessible out of twenty-seven. Access to public offices and the sexual needs of disabled people may not appear to be directly related, but this level of discrimination practically prevents disabled people from exercising any choice over who helps them with these issues and therefore maintains the network of unequal power relations. As Oliver pointed out earlier, it leaves the professional in control of whom to visit, in what circumstances, and at what time.

This is not to suggest that social workers revel in this state of affairs. Very few social workers would consider their working environment to be anything other than overcrowded and unsatisfactory and they are generally powerless to do anything about it. Similarly their access to further specialist training or funds to explore innovative ways of working is severely curtailed. Under the new working arrangements being brought about as a result of the implementation of the Children Act 1989 and the NHS and Community Care Act 1990, this situation is likely to worsen. This is particularly the case for social workers working with disabled people. As the pressure to use the private and voluntary sector to provide services for this group gathers pace the local authority social worker (as a purchaser of services) will be increasingly and significantly distanced from service users, and be less able to understand directly and therefore respond to the needs of disabled people.

The impact of the issues under discussion here upon the perceived and actual family life experience of disabled people is generally negative. Popular images of disabled people are simple stereotypes. Morris describes the social work view of disabled people as either 'marvellous' or 'inadequate', and Oliver comments: '...these cultural images have portrayed disabled people as less than or more than human and have been reinforced by professional conceptions of disability as adjustment to tragedy or the management of stigma' (Oliver, 1990).

The popular stereotype of disabled people and their families is that the disabled person is 'cared for' by his/her family. In an age when welfare is being rapidly de-institutionalized, it is likely that many more disabled people will be living with their families. But a general assumption that disabled people are dependent upon their families does not account for those disabled people who are, themselves, carers for families, or who live independent lives within a family structure, or who are children and would, therefore, be cared for anyway. The image of the disabled child is a

compelling one (such as the dramatic pictures of disabled children in Romanian hospitals on the television news programmes throughout 1990) as it is the one most likely to invoke sympathy and, therefore, charitable donations. But the image of the disabled child also incorporates the essence of the stereotype of disabled people: that they are helpless and dependent. It could be argued that the professional view of disabled people attempts to maintain them in a child-like relationship with their families. The situation of the disabled adult being 'cared for' by an ageing parent is one that is all too familiar in social work, but it is not one that apparently engages social workers' interest. Wright and Alison, reporting on their study of older carers of disabled people in the UK, comment:

> In several parts of the country it had been made clear to carers that they could only ask local authority social workers for help in an emergency. Not only were these parents very uncertain about what constituted an emergency, they had a real need, like many older carers, for social work support and counselling about future living options.
>
> (Wright and Alison, 1991, p. 19)

Prior to the Industrial Revolution and the widespread establishment of asylums, most disabled people lived in their families and communities, fulfilling whatever role their capabilities allowed, similar to most other people. In the 1990s, the wholesale return of previously institutionalized disabled people to the community, under the guise of 'community care', cannot be construed in the same light. Under Western capitalism, society is increasingly self-regulating, with more closely focused definitions of what is 'normal' and what is not, and disability is consequently a much more stigmatized condition. Disabled people are marginal to the requirements of modern societies, and increasingly disadvantaged in the labour market. The reality for the majority of disabled people and their families is that of economic hardship:

> The Office of Population, Censuses and Surveys (OPCS) report 1989 showed that whether in work or out, these families were significantly poorer than average households, and that children with disabilities can look forward to a future of poverty if the figures continue. It states that 75 per cent of disabled adults in private households relied on state benefit as their main source of income.
>
> (MacDonald, 1991, pp. 9–10)

A number of writers (Jordan 1990; Becker and MacPherson 1988; and others) have commented on the fact that poverty is probably the most significant single characteristic of the clients of social workers. Which means, on this basis alone, the families of disabled people are more likely to have social work contact than not. Given the criticisms that have already been voiced regarding the nature of such contact, and the power

that social workers have to grant access to services, it is reasonable to conclude that many families of disabled people are subjected to a form of intervention that they do not want and which fails to meet their needs. It is not a model of almost total exclusion, as is the case with lesbians and gay men, or of pathological inadequacy as with black families. It is a model based upon notions of deficit and dependency.

This is an important distinction to make because it illustrates the differences in the way that systems of oppression operate according to which group is being focused upon and the assumptions made by society about that group. For example: if we assume that the mechanisms of oppression (prejudice and discrimination) are fuelled by fear, then the fear that society has of homosexuals will be different from its fear of black people. In the former case it is the sexual dangerousness that is constructed around homosexuality that provides the rationale for the oppression of gay men and lesbians, whilst with black people it is a notion of racial superiority among whites and fears of cultural disruption that lends power to racism. In the case of disabled people the fear is not necessarily of them but what they represent. They are a reminder to non-disabled people that it is possible to join their group as a result of an accident or an illness. Able-bodied society tends to want to avoid contact with them if possible, and prefers that they attend their own clubs, and have 'special' working and living arrangements.

There is still the one approved way of being in British society: white, non-disabled, heterosexual, Christian, and preferably male, and the different marginalized groups each have a unique relationship with this monolith. The attitude adopted towards disabled people by wider society is patronizing rather than vindictive and means that disabled people are often the objects of charity, hence the proliferation of condescending projects such as 'Children in Need' and 'Red Nose Day'. Money may be raised to meet some of the needs of disabled people through these ventures but disabled people themselves are still left in a powerless position with no legal rights to the benefits acquired through charitable enterprise.

It has been argued that social workers view their disabled clients only in terms of their disability and, through their practice, encourage a dependent worker-client relationship. The family of the disabled person becomes permanently 'clientized', because the edges are blurred between the disabled person and their family as to who is the client, and this renders the whole family as a target for social work intervention. What families usually ask for is practical and financial assistance but the services they receive depend upon the social workers' assessment of what they need, and grants from charitable trusts depend upon an application from the social worker. In any case, money is rarely given. Grants generally take the form of a washing machine or cooker supplied from a specified store, or a holiday to be taken at particular resorts at a specified time. The element of choice is eroded and the process becomes institutionalized. The challenge facing social workers is to develop an understanding of the

nature of disability within oppressive society, and to use the day-to-day experience of disabled people, in order to structure their practice.

Our final voice is that of Liz Kelly. This article is a report of the Feminist Coalition (Feminists Against Sexual Abuse). We have chosen it because it touches on many of the issues already discussed in this chapter, but more specifically because, in arguing the case for a feminist social work practice, Kelly links the issue of child sexual abuse with the 'problem' of male sexuality and locates it firmly within the orthodox family.

5.7 TALKING ABOUT A REVOLUTION

In the week before the Cleveland Inquiry released the Butler-Sloss report, a Feminist Coalition (Feminists Against Child Sexual Abuse) issued a press statement and briefing document. The coalition includes individual women and groups from all over Britain and their goal was to claim a voice in the so-called 'Great Debate'. Their voice and their analysis was ignored. LIZ KELLY reports from the Coalition — setting the record straight.

The document issued by the Feminist Coalition sets child sexual abuse in the context of a feminist analysis of sexual violence and raises many questions and concerns about the way the 'crisis' has been represented over the past year and about the likely outcome of the inquiry.

The public agenda agreed long ago by the media and the 'experts' excluded the most fundamental questions, the ones which feminists refuse to ignore or deny: who are the abusers, how common is child sexual abuse and why does it happen?

The agenda could have included a serious examination of the prevalence of child sexual abuse. It could have tackled the central issue of why the vast majority of abusers are male. Instead a media war was declared against a woman doctor and a woman social worker. These two women, committed to detecting child sexual abuse, have been 'found' guilty in order that 'nice, normal families' can be declared innocent. What will it take before the British press use banner headlines like 'Never again' about child sexual abuse, rather than its detection?

As a feminist I am pleased that the report did not add fuel to the scapegoating of Marietta Higgs and Sue Richardson, to the attempt to discredit professional women when there were individual men who played as much if not more, of a role in the 'crisis'. But the report raises many issues which as feminists we should be extremely concerned about. Three of these I wish to discuss here: the question of 'evidence'; the assumptions which underlay social work practice in Cleveland and which are central to the report itself; and the issues which the coalition accurately predicted would be ignored.

Unlike the Lord Chancellor, and some professionals, feminists know that there is no such thing as an 'infallible test'. We also know that the

law has seldom been about either truth or justice when the issue is men's violence to women and children. Recent events in the US are a salutary reminder of the dangers of placing faith in the legal system. Judges are increasingly awarding access, and even custody, to men whom children have named as their abusers, and where often there was supporting medical evidence. An underground network, called the Sanctuary Movement, shelters and hides mothers and children on the run from court jurisdiction. Sanctuary are also supporting a growing number of mothers who as a result of refusing to tell courts where they have hidden their children are now in prison. In case anyone is foolish enough to think 'this couldn't happen here', the argument which justifies these decisions — that 65 per cent of children's accusations are false, and that false accusations are most common in disputes over custody and access appears without comment on page 205 of the Cleveland report! The male 'expert' who gave that 'evidence', also appeared recently on Channel 4's 'After Dark'. To anyone familiar with new research and practice in the US, it is nothing short of bizarre that this maverick's participation was sought in preference to internationally respected researchers or practitioners.

The starting point for feminists has always been, and must continue to be, the testimony of women and children. The coalition document quotes Lucy Berliner, an American feminist social worker, who has worked with children and women who have been sexually assaulted for 10 years:

> A legal decision should never be confused with the truth. If we believe what children say we will be right 95–99 per cent of the time, if we want signs and symptoms as proof we will be right 70–80 per cent of the time, if we require medical evidence we will be right 20 per cent of the time and if we have to wait for a witness we will be right 1 per cent of the time.

Reading the report with this in mind, and in the knowledge that what Marietta Higgs was trying to do was detect child sexual abuse early, rather than wait until children could bear it no longer and so told someone, some very interesting things jump out at you. Interesting things which the report itself glosses over and which the media have ignored completely, with the exception of Melanie Phillips' commentary in the *Guardian* on July 8th.

In no case was the disputed RAD (Reflex Anal Dilatation) test the sole basis for the doctors' diagnosis. Indeed the 'evidence' is there for all to see that for a considerable number of children a combination of factors, including the child telling before or after examination, VD, other physical signs or injuries to the genital area, the suspicion of adults based on the child's behaviour, existed. Furthermore, the cases where RAD played a more central role (according to Melanie Phillips 18 of 121 children) appear to be mainly those where siblings were examined after a brother or sister had been diagnosed as abused.

Cleveland's Director of Social Services, Mike Bishop, released figures on July 12th revealing that in 70 per cent of cases the cause for concern about sexual abuse was accepted by the courts — or by the families themselves. Claims that huge numbers of children were unnecessarily removed from their homes are simply untrue. In only 26 out of 118 cases (where children were made the subject of place of safety orders) did the law decide that the social services had 'got it wrong'. The 26 cases involved 12 families. Statutory court orders still cover 54 of the 118 children. The parents of a further 22 children have accepted supervision and support form social workers, in some cases because the abuser was someone outside the family. In 7 cases, children were sent home because the abuser was no longer living there — e.g. in prison. Finally, in 9 of the 118 cases 'We were suspicious of abuse...but could not prove it'. Mr Bishop pointed out that child abusers were often 'the best liars in the country'.

We know that most abusive men maintain their innocence to police, social workers and courts — why else do women and children have to give evidence, why else is it necessary to have medical evidence and other forms of corroboration to support their testimony? Yet the media ask us to believe these men simply because they anonymously deny the abuse in statements to the press or on camera. In case anyone feels this is a bit harsh, page 46 of the report contains a revealing account of how Stuart Bell (the Labour MP who played a major role in stimulating the media war) put pressure on a mother to join the parents' group, since he believed the man's denial. The mother, however, believed her child and had subsequently discovered that her ex-partner had a previous conviction for child sexual abuse! The reported rifts in the parents' group this week appear to be based on suspicions that some of the male members did in fact abuse their children.

Which brings me to the assumptions underlying the report itself and the reporting of the 'crisis'. Never do we read the words 'abusers' or 'men', let alone 'mothers' and 'fathers'. Instead 'parents' and 'families' are the focus. This is not accidental. It stems from a theoretical model which explains incest (it ignores other forms of child sexual abuse as it cannot account for them) as a symptom of a more fundamental problem: 'family dysfunction'. This model underpins, explicitly or implicitly, most professional practice in Britain and aspects of it have acquired the status of 'truth'[1]. It is this model which, as Mary MacLeod and Esther Saraga argued and the report confirms, determined practice in Cleveland. 'When Cleveland social services removed children from their families on place of safety orders they were not acting arbitrarily but following a theory... If it is the family rather than the abuser that is the cause of the problem then clearly the family cannot be trusted to care for the child'. It is not the 'management' of cases and the lack of trained 'experts' which is the problem, as the Cleveland inquiry suggests, but more fundamentally the way a particular understanding and explanation of incest determines professional practice.

What a feminist approach insists upon is distinguishing between the abusing part of the family (usually the adult male) and the non-abusing (usually the mother and other children). At once it becomes possible to think about how one deals with incest differently — remove the abuser and leave the child with the rest of her family. Justice Butler-Sloss herself notes (page 7) that this is 'the ideal' approach to investigation, but only touches on the possibilities of a different practice in an addendum to the recommendations on page 254. Would that judges felt ideals were worth fighting for!

Workers who act as if the family was the agent of abuse have already lost the possibility of building an alliance with the mother. Treating parents as a unity makes mothers feel responsible and blamed (which in terms of theory they are anyway). If a place of safety order is obtained for the children, the mother's only ally is the suspected abuser and her isolation enables him to convince her of the injustice since they are both 'innocent'. In order to work in a different way, we not only have to abandon the 'orthodoxy' in terms of theory, we also have to rid ourselves of the pernicious mother-blaming which abounds in this area (see the Cleveland report page 8 for some examples).

The strong version of mother-blaming is that mothers 'collude', the softer version which a number of feminists use is that they 'fail to protect'. Aside from the basic issue of whether adult women can protect themselves, let alone their children, from male aggression, there are important issues we need to explore here.

We have to distinguish between the minority of mothers who consistently refuse to believe their child, the even smaller number who did know and were unable to act, and the minuscule number of mothers who sexually abuse their children from the vastly greater numbers for whom the knowledge is, in the words of one mother 'the worst thing I could possibly imagine'. Building alliances with mothers means we have to imagine the worst. How would we feel to be told that a man we had chosen, trusted and probably loved, had abused our children? Wouldn't our first response be to wish it not to be true? Wouldn't we feel numb? Wouldn't we feel that our world had just fallen apart? Wouldn't we feel overwhelmed by a range of contradictory emotions: anger, fear, pain, sadness, guilt, despair, disgust? In order to work constructively with mothers, these understandable reactions must be validated, rather then interpreted as 'collusion'! With support, most mothers can work through their immediate feelings and are then able to believe and support their children. What is needed are not the specialist teams which Justice Butler-Sloss has put her faith in, but workers who are able to empower women and children and develop support networks within communities.

In our work we must also explore how abusers consciously entrap children and use a variety of strategies to convince them that their mother either cannot or will not believe or support them (note the similarity with how batterers isolate adult women from potential

support). Some of the strategies they use are: telling the child her mother will not believe her; undermining the mother's authority; humiliating and/or abusing the mother in front of the child; and perhaps most effectively abusing the child in the mother's presence in such a way that whilst it is not necessarily apparent to the mother, the child thinks that the mother must know but is ignoring it. Seeing these planned strategies also helps us to understand the ambivalence and anger some child and adult survivors feel towards their mothers.

Whilst there are some legal routes by which abusers can be removed from the home[2], the experience of some areas in the US and a state wide initiative in New South Wales, Australia show that the most important factor in adopting this approach is to view incest as one form of child sexual assault, which in turn is a form of male violence. This enables a reframing of the issue, which when accompanied by funded community education can create a climate in which abusers are held accountable for their actions[3]. The crucial task for British feminists is to achieve this reframing.

There are a range of other issues which the coalition highlighted which both the report itself and the media response to it failed to address. They are summarized here as questions and issues which we need to discuss ourselves and take into the public arena:

- How do we counter the re-writing of history which is erasing the fact that it was the testimony of women survivors and the work of feminist groups which made child sexual abuse a public issue?
- How can we challenge the 'expert' take-over, which is transforming child sexual abuse from a political issue, about which feminists have much to offer in terms of theory and practice, into an issue about 'diagnosis', 'management' and 'treatment' which is the preserve of professionals?
- How do we develop an anti-racist practice which takes account of the possibilities that for Black and ethnic minority children the meaning they come to in order to explain the abuse to themselves, their possibilities to tell, and the implications of intervention may be different?
- How does disability affect the way children understand what has happened to them, their possibilities for telling and the willingness of adults to listen to them?
- What is 'prevention', since we know that telling children to 'just say no' is both inadequate and an inappropriate response?

If our voices are to be heard, if we are to have any chance of reframing the issues, we must talk and network with one another. The Coalition document provides one starting point. Feedback will be welcomed, as will ideas about how we can build a strong representative coalition, and what its priorities should be.

There are other starting points. It's not so long ago that reports like the one in *The Times* recently would have resulted in a storm of protest from feminists. When sentencing a 21 year old man to two years probation for 'unlawful sexual intercourse' with an 11 year old girl, the judge said 'In every other way you are an extremely nice young man. She was old for her years, you are young for yours, I can quite understand why you fell in love with her'. These days many women expect that others will respond and probably feel, like I do, both disappointed and guilty when another outrage passes without comment. Yet public protest has always been the most effective way of getting feminist analysis into the mainstream.

In the aftermath of Cleveland, we need to be clear that what we are seeking in the short-term is a revolution in the way child sexual abuse is understood and responded to. In the long-term our goal is a greater revolution which, amongst many other things, will make the question Tracy Chapman poses 'why is a woman (child) still not safe when she's in her home?' obsolete.

Notes

1 For a feminist critique of family dysfunction theory see: Carol Ann Hooper, 'Getting him off the hook — the theory and practice of mother-blaming, 1987, *Trouble and Strife*, No.12.

Mary MacLeod and Esther Saraga, 'Challenging the orthodoxy: towards a feminist theory and practice', 1988, *Feminist Review*, No.28.

Mary MacLeod and Esther Saraga, 'Against orthodoxy', 1988, *New Statesman and Society*, July.

Mary MacLeod and Esther Saraga, 'Child sexual abuse: a feminist approach', 1987, *Spare Rib*, August, No.181.

2 For more details and discussion see: Elizabeth Woodcraft, 'Child abuse and the law', 1988, *Feminist Review*, No.28.

3 For more information on the New South Wales initiative see: Yvonne Roberts, 'It can happen here', 1988, *New Statesman and Society*, July.

(Spare Rib, No. 193, August 1988, pp. 8–11) ■

The challenge that feminism poses to social work is broadly based and has an impact upon all areas of social work practice. Limitations of space do not enable us to address all of the issues involved here. (A more detailed account of a history of child abuse and the feminist position is undertaken by **Esther Saraga, 1993**). We are not suggesting that the article by Kelly represents the views of all feminist groups, but it does represent a strong challenge to social work in an area where social workers feel extremely vulnerable: that of child sexual abuse. And this particular challenge is constructed upon two themes that raise specific difficulties for social workers, the consequences of which we will examine here. They are:

1 In modern Western society the dominant construct of male sexuality is the major cause of child sexual abuse.
2 The nuclear family is an inequitable institution in which women and children are vulnerable to male violence.

Identifying male sexuality as a problem immediately confronts a number of weaknesses inherent in contemporary social work practice: most significantly, that social work has very few ways of 'dealing' with men. Saul Becker (1989) makes the point that social workers are much more likely to be working with female clients because social work is increasingly about working with people in poverty, and it is women who are expected to 'manage' the consequences of financial hardship. (This is reinforced by the increasing focus of social work on children and the general assumption that women have responsibility for child care.) Becker also claims that social workers help to sustain the systematic economic dependency experienced by women through their practice. By targeting the symptoms of poverty of individual women, and not addressing the structural inequalities, social workers are more likely to achieve some tangible evidence of change, but only at a personal level, and at the expense of any possibility of improvement of a substantive nature. Social work, according to Becker, has developed a contradictory approach towards the poor. Social workers are motivated by a desire to help, but they are also subject to social stereotypes of the poor as lazy, or as criminals. And, because 'they believe they can have little strategic impact on the structural nature of poverty', the needs and rights of women are suppressed within a framework of helping the individual (woman) cope with, and adapt to, her prevailing economic circumstances.

Bill Jordan refers to social work intervention as '...a series of transactions between deprived people who have lost control over parts of their lives, and social workers with limited resources but awesome powers to coerce' (1990, p. 164). And there is a parallel here with the challenge voiced by Joseph Owusu-Bempah regarding the employment of black social workers. Social work at a practice level is predominantly a female occupation and, as Becker points out, their clients are also mostly female. But the management structures of social services departments are overwhelmingly a male domain, so the policies that social workers (mostly female) implement are likely to be based in masculine values (even if problematized by feminist challenges) and therefore harmful to the well-being of female clients. Of course, this is a fairly stark way of articulating what is a very complex and difficult set of issues and, unless we wish to conclude that it is the result of a simple conspiracy, it is necessary to look further to see if there are other dimensions. The mechanisms of oppression that maintain the societal disadvantage of lesbians and gay men, black people, disabled people, and women are based on prejudice and power, and fuelled by fear. And 'fear' is a key concept in any discussion about the impact of masculinity on social work. As Vic Seidler comments:

> As boys, we learn constantly to prove our masculinity. We can never take it for granted. This builds enormous tension into contemporary conceptions of masculinity. Fear is defined as an unacceptable emotion. But in disowning our fear and learning to put a brave face on the world we learn to despise all forms of weakness. We learn systematically to discount any feelings of fear and not to show our feelings to ourselves.
>
> (Seidler, 1985, p. 155)

Given that social work is an activity mostly undertaken with the 'weaker' members of society, this raises a question not only about the disproportionate numbers of men in decision-making positions in social services departments, but their suitability for the social work task at any level. This is certainly an issue for male social workers in relation to investigations into child sexual abuse. Is it fair on the victim, after being assaulted by one male, to be confronted by a male social worker and asked to re-live the experience? If not, at which stage, if at all, is it appropriate for male social workers to become involved in sexual abuse cases? If we accept that the vast majority of sexual abuse is perpetrated by men (the feminist challenge), then for male social workers to withdraw from the scene would surely constitute a further abuse, through the expectation that female social workers will 'clean up the mess'. Furthermore, does it not simply serve to reinforce the notion that men are 'naturally' dangerous and prevent any possibilities for real change?

The social services' response to the developing awareness of the scale of child sexual abuse is mixed, although it is increasingly being organized around legalistic principles as, one after another, judicial enquiries criticize local authority procedures. Explanations of sexual abuse also reflect the diversity of the staff who work in social services departments, but this is unlikely to be translated into policy or practice because of the sensitivity of social services departments to public opinion. Senior managers in social services departments are not free to implement whatever policies they consider to be most appropriate. They must work in cooperation with elected council members, whose responsibility it is to represent the wishes of the local community. In the case of child sexual abuse, public opinion, as expressed through the media as well as local and national politicians, would indicate a great reluctance by society to take on board a feminist analysis of child sexual abuse that identifies male sexuality and family life as being major causes. A much less challenging, and therefore more acceptable, explanation is that of 'sick' families. That is, sexual abuse is caused by something 'going wrong' within the family, and therefore sexual abuse does not occur in 'normal' families. It is a notion that holds a central place in orthodox social work practice in this area of work, through the concept of the 'dysfunctional family' (**Saraga, 1993**). It has popular, political and organizational support, and it is consistent with the traditional base of social work which individualizes and pathologizes the nature of social problems.

Notions of family life have also been central to the major child sexual abuse cases of recent years: Cleveland, Rochdale, Orkney, and Nottingham. The idea that children had been removed from their parents without sufficient attention being paid to parents' rights was certainly a significant feature of the first three of those cases — Nottingham being the exception — and the public debate was constructed around the behaviour of professionals rather than issues of sexual abuse. The MP Stuart Bell talked about:

> ...a revolution that would swing power back to the parents and their families, that would check social services, that would make consultant paediatricians and their employers more accountable to the public, and would restore to government and Parliament a proper interest in family life.
>
> (Bell, 1988)

Events in Nottingham, however, took a different turn. Not only were there no criticisms of the conduct of social workers, they were actually praised by the Prime Minister for the way they handled the case. Thirteen adults, all from the same family, were charged, convicted and sentenced and the level of cooperation between the police and social services was high. That is, until information coming from the children in 'the family', via their foster carers and social workers, indicated that their experience was part of an organized 'ring' of wealthy men using their position and power to indulge in highly ritualized forms of child sexual abuse. According to Beatrix Campbell (1990), the police refused to act on the new information, saying that it did not constitute evidence of ritual abuse, and the director of Nottingham Social Services, David White, went on record as saying there was no such thing as ritual sexual abuse. (In a letter to *Marxism Today* in response to an article by Beatrix Campbell he later shifted his ground, saying '...it would be unwise not to accept the possibility that there were ritualistic elements to this case'.) A joint police and social services enquiry team discredited the work of the team of social workers, all female, involved in the case who, it was suggested by social services senior management, would need 're-training'. They were also threatened with disciplinary proceedings if they continued with their allegations, or if they discussed ritual sexual abuse in a public forum.

Amid the high profile elements of the case, such as the accusations that evangelical foster carers and social workers had encouraged the children to 'make up' stories of ritualistic abuse, the acrimony that developed between the police and social workers, and the ensuing crisis in the social services department, two aspects stand out. First, only immediate members of the abused children's family were ever charged, thus reinforcing the idea of a dysfunctional family. And, second, testimony by children will sometimes be accepted as 'evidence' and at other times not. The primary objective of the police in these matters appears to be to secure a successful prosecution, and the testimony of children will sometimes form part of the presentation of the case. Social workers, on the other hand, operate in a

different reality and whilst to 'believe the child' and take action on a probability of events is often sufficient to satisfy the requirements of social services procedures, it sometimes founders on the hard rock of evidence demanded by the police and the courts.

The issue of children's rights is frequently lost in the machinery of professional procedures and criminal justice, and it is not surprising that there is a confusion about when social workers are providing a 'service' and when they are intervening on behalf of the state. The investigation of child sexual abuse brings this tension into sharp focus for social workers because of the nature of the event, the necessity to protect the child and the responsibility they have to assess 'risk'.

It is often unclear in the early stages of a child abuse investigation exactly what has occurred, and social workers have been criticized in these situations for removing children from their families precipitously. Social workers would argue that they were acting in the best interests of the child (i.e. to protect the child from further harm) and, despite the periodic public outcry against the actions of social workers, the legal position continues to be that the welfare of the child shall be given the paramount consideration.

A backlash from the Cleveland enquiry has led to a re-assertion of the idea of 'parental rights' but the extent to which these are entirely consistent with 'children's rights' is not always clear. Jordan refers to this as a 'no-go' area for officials:

> They are wanting to put a perimeter fence around something (the family's territory/property, or the performance of parental roles) so as to exclude social workers and others from any access, as critics, supervisors or protectors of children.
>
> (Jordan, 1990, p. 85)

Jordan identifies the Family Rights Group (FRG) as being one of the champions of this approach. And his analysis would appear accurate when you consider the FRG's submission in the *Inquiry Into Child Abuse in Cleveland* (FRG, 1988), in which they used the terms 'parent', 'family' and 'client' interchangeably, constructing the notion that any relationship between children and officialdom can only be conducted through their parents. It was made very clear in Chapter 12 of the *Cleveland Report* (HMSO, 1988), however, that '...the welfare and best interests of the child come first, even though this may conflict with the best interests of the parents'.

The feminist challenge, of course, locates the family as a place where women and children are at risk of being abused by men, rather than the safe and secure environment predicated by the supporters of parental rights. MacLeod and Saraga (1987) describe families as institutions where women are relatively powerless, and the opportunity is, therefore, afforded to men to sexually abuse children. Furniss (1991) is critical of

this approach because it does not take into account the 'intergenerational' nature of the abuse — that is, it is predominantly a question of male adults abusing both boys and girls. He comments that the loss of this intergenerational perspective in the feminist approach means that the sexual abuse of children can be equated to the rape of women — another form of the abuse of male power. But Furniss argues that it is not helpful to see sexual abuse in this way because it ignores the fact that children are structurally dependent upon their abusers (unlike women, who, he argues, can liberate themselves from male violence) and that sexual abuse has a particular impact upon family dynamics. He describes the breakdown of generational boundaries, and an adult confusion between conflicts on an emotional and sexual level, as the cause of sexual abuse.

The extreme consequences of this, according to Furniss, are that '...boys may then grow up to become sexual abusers themselves and girls repeat the emotional-sexual confusion by becoming prostitutes'. This is not a new idea, of course: social workers are well aware of the idea of a 'cycle of abuse' and it is almost at the level of an accepted 'fact' that victims of sexual abuse are likely to become abusers. The evidence for this is very dubious, however, and the research must be treated with great care, as it is based on the life histories of known abusers, and does not take into account the unknown numbers of those people who have been sexually abused who do not become abusers themselves. Furniss' views place him firmly in the family dysfunction camp, and he is a strong believer in family therapy as the best means of responding to sexual abuse. In this he is closely aligned with what MacLeod and Saraga (1987) refer to as the 'orthodox' social work approach, which also sees 'family treatment' as the most appropriate intervention. Furthermore, Furniss identifies mothers as having a significant role in cases of sexual abuse, even when they are the non-abusing parent. Their position in the family means that they carry a responsibility for the quality of emotional relationships, and the way that sex is discussed, amongst family members. It is the breakdown of the emotional-sexual-intergenerational balance, according to Furniss, that creates the conditions in which sexual abuse will occur. Mothers are firmly implicated in this, either by entering into a 'collusion against any open acknowledgement of the abuse', or by helping to 'openly facilitate' the sexual abuse of her own children.

A criticism of this 'mother blaming' is a prominent feature of the feminist challenge to the family dysfunction model. MacLeod and Saraga argue that an assumption of the collusion of the mother is the starting point for therapy, and this characterizes both family and individual work in sexual abuse cases: 'A collusion *is* at work here: a collusion with a set of assumptions which allows families to remain exactly as they are, and which can have a ruinous effect on children and families' (MacLeod and Saraga, 1988).

A feminist analysis steps back from a construct of 'normal' family life, and rejects the notion of family dysfunction as being the cause of sexual abuse. The way that social workers operate in the area of sexual abuse comes in

for the severest criticism because of, as Dominelli comments, '...the hurtful and damaging impact of the patriarchal assumptions embedded in traditional practice in both one-to-one work and family therapy' (Dominelli, 1987). But the implications of the feminist challenge are much wider than the issue of sexual abuse because, if the feminist analysis is relevant in that area, then the whole basis of traditional social work is fundamentally flawed by a failure to take account of gender relations in social work theory and practice.

5.8 CONCLUSION

We have concentrated, in this chapter, upon some of the challenges that social workers face around the work that they do with groups of people who may generally be considered to be their clients. These challenges are diverse and we have focused upon some particular themes that illustrate a number of dilemmas for social workers. That there is a gap between the senior management of social services departments and those people in receipt of their services is indisputable. The upper echelons of social services departments are overwhelmingly white, non-disabled, middle-class and male. Their 'clients' are usually not. It is also clear that, rather than being bridged, the distance between social services departments and service users is reinforced in practice, and that the combination of organizational procedures and traditional social work theory and practice simply serves to maintain the marginality of certain groups.

In the midst of this relationship between the local state and the individual are social workers who are invested with institutional power based on legislation and accepted practice. By contrast, the rights of the service users are built upon shifting sands that require them to possess a lot of knowledge of the system, or be dependent upon the good will and commitment of their social worker. The notion of the client as service user is likely to perpetuate this situation because it is being pursued along traditional social work lines of 'helping the individual to cope' — therefore denying power to the collective voice of marginalized groups.

The challenge that these marginalized groups present to social work is at its most critical when dealing with issues of family life. Traditional social work has a notion of family life at the centre of its operational strategy, and it is clear that this notion excludes lesbians and gay men, is deeply suspicious of black families and encourages dependency in the families of disabled people. Traditional social work is also deeply troubled by social theories that raise questions about accepted notions of sexuality and family life. This is most coherently demonstrated by the feminist challenge to social work, which identifies traditional constructs of male sexuality and family life as a major cause of child sexual abuse and violent offences against women and children. But it is also raised by lesbians and gay men who claim that their sexuality is the focus of unnecessary attention by social workers making judgements about their parenting abilities, and by disabled people in asserting their rights to be sexual beings,

despite the lack of expertise amongst social workers in discussing such issues.

It is easy to be critical of social workers. They are, in effect, 'damned if they do and damned if they don't', and their shortcomings are often highlighted in the media. The reality for social workers, however, is that they operate in uncertain territory with scarce resources and very little public support and, despite this, there are many examples of good practice. But if the service to marginalized groups is to be improved, then the strands of inequality must be identified within the system. Whilst this will inevitably involve a restructuring of policy making, it is also necessary to examine the way that social workers conceptualize and implement their tasks.

A major difficulty here is that, whilst social workers are relatively powerful in relation to service users, they are increasingly powerless within their own organizations, social services departments, which are themselves being made more accountable for their actions. The split between 'purchaser' and 'provider' in the newly reorganizing social services departments means, as Allan Cochrane pointed out in Chapter 4, that the managers of care (the purchasers) are likely to have much higher professional status than the providers of care, but within a much more administrative regime. At the same time, the roles and responsibilities of social workers within the guidelines for child protection are being increasingly clarified and prescribed within a legal framework. The manner of implementation of these new working practices leaves little room for disagreement or debate, so overstretched individual social workers are in no position either to resist or modify their impact. As Bill Jordan comments:

> In an unjust society, social workers — like policemen and emergency service workers — have too many and too demanding responsibilities; they are not looking for more. The temptation is constantly to fall back into legalism, into a style of practice and ways of thinking...in which they stick to strictly-defined responsibilities, well-rehearsed procedures, and limited relationships as ways of dealing with complexity and overload.
>
> (Jordan, 1990, p. 142)

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SOCIAL WORK EDUCATION

A Sense of Real Achievement? The Experience of Deaf Students in Social Work and Youth and Community Work Training

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This article reports on the findings of a research project that focuses upon the experience of deaf students in higher education, in particular social work and youth and community work training. Central to these courses is the notion of anti-discriminatory practice, and the development of skills in working with people. However, it cannot be assumed that such courses offer a positive experience to disadvantaged people, and deaf students participating in the project report a general dissatisfaction with the courses they attended. The project was designed to involve deaf people from the outset, and to seek the views of deaf students on what they considered to be important about their experiences in social work and youth and community work training. Respondents identified three major areas of difficulty: poor support services, a lack of deaf awareness amongst students and tutors, and, an absence of deaf issues in course curricula. The findings are discussed with a view to future research possibilities and implications for practice.

Opportunities for deaf people in the United Kingdom to continue their education beyond secondary school level are limited. There are colleges of further education which offer a general education specifically to deaf students, the City Lit in London is perhaps the best known example of this, and there are colleges of FE now attached to some of the residential 'Royal' schools for deaf children. The Universities of Bristol and Durham have Deaf Study Units, where Deaf and hearing people take courses in British Sign Language, interpreting, and undertake research into the Deaf Community. And there are a few other, less well established initiatives in other universities at different stages of development.

At a general level, there is a scattering of initiatives in universities in the UK to assist deaf students. Such provision tends to be ad hoc and uncoordinated. They are mostly located within a framework of 'special needs' which obliges the institution to adapt its usual strategies for delivering education in order to enable deaf students to participate. The focus of such initiatives is generally on questions of physical access, and would lead to the provision of loop systems and other environmental aids.

Sophie Corlett describes such provision thus:

> With a few notable exceptions, the returns showed a generally poor level of services available to deaf students, an ignorance of the required support needs and a low representation of deaf people within HE (Corlett, 1991).

Corlett surveyed 233 higher education institutions and collated data from 166 returns, but recognised that there is also a need for a '...more detailed study of the experiences of deaf students....'. The major focus of the study that is the subject of this article is to try and understand the experience of deaf students in higher education, and how that experience relates to their position in general society. Deaf people experience significant disadvantage in society, so to what extent is that disadvantage perpetuated whilst a student at an institution of higher education? Universities are part of the structure of society, but are they more enlightened places in the way they relate to marginalised groups such as deaf people?

This study is the first phase of a long term project looking at issues of access to higher education for people from disadvantaged groups. In this case it is deaf people on social work and youth and community work courses. Such courses have a particular place in higher education which marks them out as different from more traditional arts or science based higher education courses. First, they are vocational, and require some personal investment by students in terms of investigation of their values and belief systems and understanding of their own identity. Second, they require students to undertake a practice placement, and have an emphasis on practical and professional skills. And third, such courses train students to work directly with people, their problems and their aspirations.

The success or failure of social work and youth and community work courses is bound up in how well students are able to identify and engage with the course material and the experience of the training. Such

courses espouse anti-oppressive practice, so they should be the ideal places for students who have experienced oppression to undertake their study with some reasonable expectation of equal treatment. Barriers to the integration of students and course material will surely have a detrimental effect upon the success of their studies, and their ability to operate successfully in their chosen field. In this respect it could be argued that deaf people already start with a disadvantage. There is much evidence of the failure of the education system with regard to deaf children, who have very low levels of attainment on a number of measures (Conrad, 1979).

Lesley Jones found this to be a powerful barrier to access amongst deaf people:

> Lack of confidence, previous bad experiences and poor levels of attainment in education and poor literacy skills can lead to many deaf or hard of hearing adults feeling that 'education is not for people like me' (Jones, 1993, p.55).

One of the issues here, particularly for deaf students on a professional training course, is the experience of relationships with professionals that many deaf students may have already had, and how this has affected the development of their self image. The lives of deaf people are populated by a range of hearing professionals from the moment their deafness is diagnosed.

Doctors, surgeons, hearing therapists, speech therapists, peripatetic teachers, and social workers all have a role, and all have their particular professional perspective to promote. As Paddy Ladd commented in a message to two of the most influential figures in the education of deaf children:

> Oh Ewing, Oh Van Uden, what a marvellous choice you gave us deaf children! To see ourselves as stupid rather than to be able to see ourselves as deaf and accept it, and to work from there. I hope it gave you a sense of real achievement! (Ladd in Taylor and Bishop, 1991, p.93).

It is important, at this point, to make a brief reference to terminology. Research into the communication of Deaf people in the 1970s has identified clear linguistic structures which mark them as discrete languages, different from the spoken languages alongside which they exist. For example, the dominant spoken and written

language of the United Kingdom is English. But, the first language of British Deaf people is British Sign Language (BSL), which is as different from English as English is from other spoken and written languages. This has led to a developing sense of community and cultural awareness amongst Deaf people, and a significant distinction between those Deaf people who identify themselves as 'culturally Deaf and identify BSL as their first language, and those deaf people who identify primarily with the hearing community.

This is expressed in written form as 'D' Deaf to identify culturally Deaf people, and 'd' deaf to identify those who identify more with hearing society. It is a difficult convention to maintain in a spoken or written form, as 'd' deaf is also often used to refer to all people with a hearing loss from birth or early childhood. The 'D' distinction is much clearer when expressed in sign language, as sign languages are visual and have no written form.

This is not simply a question of semantics, but more a question of identity and the interpretation of experience. In this article the use of 'd' is used to mean all deaf people, and 'D' is used when specifically referring to culturally Deaf people and Deaf cultural issues. This study presents an opportunity to conduct an experiment into, first, revealing the way that deaf students on social work and youth and community work courses understand their experience of higher education; and second, considering how the context and delivery of the educational experience might be formulated to meet the requirements of all deaf students.

This is not to argue that deaf students should be privileged at the expense of hearing students; it is more a question of equality and social justice. It could be argued that an educational experience that disadvantages deaf students is a result of bad educational practice. Likewise, educational practices that improve the quality of the educational experience for deaf students will also benefit hearing students. So what is under question here, at the broadest level, is the quality and effectiveness of education in institutions of higher education, using deaf students to help to identify the central issues.

Methodology

The main aims of this first phase were:

1. To find out from deaf students what they considered to be important for them in their experience of higher education.

2. To develop a methodology that promotes reflection on the wider societal position of deaf people.
3. To develop a model for conducting research with students on a wider scale.

Six deaf students were interviewed for this first phase of the project; all are in the age range 25-45 years. Four are female and two male. One respondent is black and the others white. One respondent identified as being mostly in the hearing community, whilst the others all identified themselves as Deaf. They had studied on social work and youth and community work courses (amongst others) at a number of different institutions of higher education, mostly in the Midlands. Most had some social work and/or youth and community work experience prior to their professional training, and had more than two years post-qualifying experience at the time of their interview for this study. One respondent claimed to be disillusioned by the professional training and has since followed a different career path.

There is no attempt to make a comparative analysis at this stage because the emphasis is on identifying the issues and not on measuring the success, or otherwise, of colleges.

An explicit intention of this project was to involve deaf students as much as possible, and towards this end their views have been sought on the process and content of the research project. An outline was developed to provide a framework for the interviews. The outline mapped out what could be described as the significant stages of the experience of being a student; for example, application, interview, campus experience, etc. Respondents were asked if they considered the stages on this outline to be significant during their experience.

A Deaf research assistant was appointed to assist with the development of the project and to undertake all the interviews. The interviews were conducted mostly in sign language and recorded using video equipment. The video tapes were then transcribed to provide hard copy in written English. This was a slow process, and therefore the sample was necessarily small. However, this was balanced by the depth and richness of the data gained from the personal experiences of the respondents. Following this, the interviews were analysed by sorting the data into categories. These categories were developed from the statements of respondents in the interviews, according to the issues and events that they considered to be important in their experience of being

a student. By interpreting the data in this way, meaning is ascribed to the data, and a framework is identified which assists the development of the methodology for further work. Such an approach (broadly speaking, within a 'grounded theory' approach, derived from the work of Glaser and Strauss, 1967), maintains the focus of the enquiry with the issues identified by the respondents as being important for them, and is consistent with anti-oppressive practice. The importance of the views of respondents is a central principle of many feminist researchers, such as Ann Oakley (1981) and Helen Roberts (1981). It has formed the basis of a 'participatory approach' to research developed by Peter Beresford and Suzy Croft in their work with users of welfare services (Beresford and Croft, 1986).

In terms of achieving the aims of the first phase, the methods used were very successful. The Interview Outline was well received by all respondents who said it helped focus their thinking about their experiences. Whilst we were concerned not to enforce a structure that would be too directive, it is necessary to have some framework that will prompt discussion. In this respect the Outline worked well. It very quickly became appropriately redundant once the respondents engaged with the interview process.

Respondents also made recommendations which have not been included here, but would be helpful in formulating strategies for the inclusion of deaf students in higher education. Many similar recommendations have been described in other studies. But there are three which were raised here which I would like to outline, not because they are more important or urgent than other measures, but because they are imaginative, simple to effect, and would convey a very clear welcoming message to deaf students:

> If deaf or disabled students are applying for a course, the university should include papers with the application form to explain what they provide for deaf or disabled students. This would make deaf or disabled students think that the university offers support, and encourage them to apply there.
>
> The university should provide details about grants for interpreters and special equipment. During my time there no-one told me about obtaining grants to assist with access to education.

> If a profoundly Deaf person applies to the university, there should be a video in sign language which will explain about the university, the Student Union, and any support available. That would be helpful to Deaf students.

Findings

The data were sorted into nine categories. These categories were formed directly from the interview data only after the interviews were completed. They are not mutually exclusive; in fact there are many connections between the different categories and some issues could be placed in more than one category. However, it is important to identify relatively discrete categories in order to be able to present the data in an accessible form, and also to be able to develop a practical application.

The categories are detailed below.

Location

Where the student lived in relation to the colleges to which they applied and subsequently studied.

Deaf people in the study were very clear that they wanted a local college at which to undertake their studies. This may seem a fairly mundane matter, a question of convenience, but where deaf people are concerned it is more complicated than that. As previously stated there are few institutions of higher education in the UK that offer facilities specifically for deaf students, so in that sense there is never a choice of local colleges even though the student may happen to live near one of the 'few'. There is also the issue of wider facilities (something which I will address in more detail later). As one respondent said: 'I didn't want to stay at a Halls of Residence because of environment problems due to my deafness'.

Of course, having to move away from home for education is not unusual for deaf people. The traditional form of schooling for deaf children has been in one of the 'Royal' asylum-type schools, to which deaf children were expected to travel, sometimes hundreds of miles away from their families. Sally Sainsbury (1986) reported 69% of deaf adults in her study only had experience of special schools, whilst 17% had also attended 'hearing' schools. This is a changing phenomenon because the Education Act 1981 emphasises the integration of 'special needs' children into mainstream schools. As a consequence, residential schools for deaf children are experiencing a much lower demand for places. Nevertheless, travelling is something that deaf people do; to

Deaf clubs, deaf social gatherings, national and international conferences. So when deaf students say they want a local college it should not simply be interpreted as a reluctance to travel, as indicated by one respondent:

> I went to look at 'B' college because I had heard that the course was good. I arranged a visit and I went there to look around. But I held off because there were two courses at 'C' and 'L', which were near to where I live. If I go away I need good support and that made me cautious. In the end I chose a local course.

What was clear from the deaf students we talked to was that their expectations of education were not high, although they were all keen to study. The issue for them regarding where to study is dominated by where they will go for support as a deaf person. One respondent talked about how her secondary school experience, in a residential school for deaf children, was isolating because they were separated from the nearby local people. Her wish for her university experience was to move away from her parents like hearing students do when they go to university, and have a 'traditional life'. She managed this by obtaining entry to a college in the next town to her hometown, thus separating from her parents but maintaining her social (Deaf) supports almost intact.

Transition

This category deals with issues of access, preparation for higher education, and barriers to acceptance:

> Someone came to visit me in sixth form, to discuss my future plans. I said I wanted to go to college and she asked me what kind of support I would want. We talked about note-takers and interpreters. When I moved to college she contacted the local 'Hearing Impaired' Service. Unfortunately they knew nothing about sign language because they believe in the oral education system very strongly. Where I live they are much more open minded about Deaf issues.

This highlights one of the major debates in the deaf field - the preference for oral or manual methods in the education of deaf children. The issues have been extensively discussed by other writers (see in particular Gregory, Silo and Callow, 1991; Lane, 1984; Llewellyn-Jones 1987).

These discussions about communication methods in the education of deaf children, often heated and usually protracted, have occupied centre stage for some considerable time, to the extent that the methods have almost become the rationale for the education process of deaf children. Gregory, Silo and Callow (1991) pose the question whether deaf children are 'learning to communicate or communicating to learn?' It is unfortunate that the methodological polarisation at primary and secondary school level also means that some education authorities are ill-equipped to offer a flexible service to adult deaf learners. The respondent in this case was happy with the help she received from the educational support worker in her home area who helped her decide what she would need when she went to college. Unfortunately, she moved to a college in an area where the local authority education department had a different policy towards education for deaf people (oral methods) to that of her home authority, which meant that her plans became difficult to implement.

Some respondents felt that there were extra 'hurdles' for them to clear in attempting to move to higher education:

> I was rejected by one college for a place on a social work course. They said that I did not have enough experience, but I had worked as a social worker for two years. I think this was not the real reason for rejecting me. I think they panicked about my needs and how much it might cost them. I had demanded that my needs be met to give me proper access to the course, and I think that is why they did not want me.

It would, of course, be difficult to prove the accuracy of such an assertion, but this respondent was quite clear about it. And it does raise a dilemma for deaf people hoping to enter higher education, or employment. At what stage of the process do they raise the question of their needs as a deaf person? And, do they approach it in terms of their 'rights' or as a 'request'? The only legislation that refers to deaf people is within that which addresses disability generally, and the many attempts to establish a bill of rights for disabled people have been comprehensively frustrated by both Labour and Conservative governments. So deaf people cannot confidently attempt to assert their rights. Furthermore, negative public perceptions of deaf people locate them often as simple victims, or objects of pity. This brings with it an expectation that deaf

people will be grateful for any assistance they receive. An appropriately assertive deaf person may confuse the stereotype, and perhaps be seen as aggressive or 'pushy'.

Another view of deaf people is that they are 'sick' or 'impaired'. Whilst some forms of deafness are susceptible to medical treatment, the fact is that early profound deafness is incurable, intractable and permanent (Taylor and Laurenzi, 1991). And, many Deaf people have little or no contact with doctors or hospitals. They identify themselves as culturally Deaf, as members of a language minority, and take pride in their language, British Sign Language (BSL), and their Deaf culture (Baker and Battison, 1980; Higgins, 1980; Jackson, 1990; Padden and Humphries, 1988). They are often disappointed when coming into contact with institutions dominated by hearing people:

> I left school when I was eighteen. I wanted to apply for a social work course and wrote to a number of colleges, but did not get any replies. I was eventually invited for interview to three colleges. The first one I went to told me I must have a medical examination. I refused, but they said it was their policy that all disabled applicants must pass a medical. I declined the place. The second college would not tell me what grades I needed to be eligible. The third college had a much more positive attitude towards me. I was surprised after the first two interviews. This helped me to decide to go there.
>
> In one interview they gave me some very 'off the point' questions that made it difficult for me to reply. I prefer short direct questions. Also, some questions were very long and in two parts. It was not clear and I was unsure how to answer.
>
> I was anxious about the interview. When I arrived the tutor told me to sit at the front of the group. The tutor then explained about the structure of the day; in the morning a group interview, in the afternoon individual interviews. I was worried about the group interview and said that I might not be able to cope because of my deafness. They arranged a smaller group for me, but it was still a problem because I need a loop system. I thought the group discussion went well, but I was very stressed...The

> individual interview in the afternoon was better for me. The tutor asked me about my needs, and she tried to make me feel more comfortable. When the interview ended I went home completely worn out because of the stress. Within a week they wrote to me with an offer of a place. I accepted, even though there were other possible colleges, because I did not want to have to go through another interview.

In this last case, the respondent is citing an example of where the interviewing tutors had little awareness of deafness, but attempted to assist in whichever way they could. However, the strain of maintaining a high level of concentration for a whole day in an interview system designed for hearing people takes it toll. She decided to accept the offer of a place, not because it was the best college for her to attend, but simply because she could not face the ordeal all over again somewhere else. Interviews are difficult, for anyone, and for deaf students that level of difficulty will be repeated every day they attend college.

For this reason, deaf people will often prefer to go to one of the very few institutions of higher education in the UK that either offer specific courses for deaf people or have a reputation for being able to appropriately support deaf students:

> I chose that particular college because they had experience of supporting deaf students. The interview was quite long and some of the questions were quite hard. Afterwards they showed me around and introduced me to the person from the teaching support services. Then we went to the halls of residence. I was impressed because they supplied special flashing lights for deaf students.

It is not always possible to know what is the best preparation for the turn of events that life presents. It is perhaps ironic that one of the difficulties faced by some deaf children, that of being separated from their families from the age of three or four for the purposes of education, might ease their passage at into higher education. As one respondent reported:

> When I went to college I stayed in halls of residence. Most students were not used to being away from home, and some of them cried quite a lot. It was no problem for me because I was used to boarding school.

Self-determination: including issues of choice, dependency, and empowerment

Moving on to higher education is a big step in anyone's life, a mixture of excitement, opportunity, anxiety, and uncertainty. It is similar for deaf people. Where it is different, however, is that their mixed feelings about the prospect of higher education are framed within their understanding of their identity as a deaf person. When they talked about going to college it was always prefaced by: 'As a deaf person...'.

A lot of the discussions centred around issues of self-confidence, and can be described by the concepts of dependence and independence. Two of the respondents were seeking what they described as a 'normal student experience'. Both of these students had been educated in grammar schools for deaf children where oral/aural methods were used and sign language actively discouraged. They had been educated to believe they would be able to mix easily with hearing people and so they had reasonable expectations that they would be able to move on to higher education without too much difficulty:

> I started the course and thought I could cope without any problems because I was brought up in the oral system. I thought I would be able to follow the lessons but I quickly realised it was difficult to follow lectures. I tried to lip-read when I sat in the front of the group. My colleague supported me by note-taking. At that time I didn't know about sign language interpreters. They asked me if I wanted a radio aid but I rejected their offer because I would have felt embarrassed to use it. I wanted to be like other students. Now I look back and realise I should have accepted their offer.
>
> I tried very hard to lip-read, to be like hearing people. I thought of myself as a hearing person in the hearing world, therefore I had to make new friends. When I chatted with my new friends I could not follow them and had to ask them to slow down. I very quickly lost confidence.

Both of these students approached higher education as 'an opportunity to achieve' at the forefront of their minds. They had not anticipated the difficulties they would face as deaf students, but were

more focused upon furthering their education, self-development, and mixing with other students. One said she had an idea that she might become a teacher herself.

The other students we talked to approached it from a completely different set of assumptions. They expected it to be difficult and their first thought was about identifying where they would get support.

This highlights a major difficulty facing deaf people; that is, a firmly rooted stereotype that deaf people lack intelligence. It is demonstrated here in two distinct ways. First, a lack of confidence amongst some respondents to be able to undertake a course of study in an institution of higher education. And second, an expectation that they would be unfairly judged as 'not up to it' by tutors and other (hearing) students. One respondent commented that her husband attempted to talk her out of taking up a place because as a deaf person she would find it too difficult. Others talked about feeling less than able to undertake study:

> As well as working I went to evening classes to improve my written English. It was hard work. I thought about further study, but passed up a chance to go to a polytechnic as I was sure I would fail the course.

> I left school at 18 and went to polytechnic. It was a bad time, I had no confidence, and I did not know how I would manage in the hearing world. The support for access to higher education was very poor, and I did not know where to go for help.

How many deaf people choose not to pursue their interest in higher education because they believe they will not manage we may never know. These particular students did continue, and drew their support from what they considered to be the most appropriate, and available sources. There is no uniformity in the way this happened; deaf people are different from each other in the way that hearing people are. But there is a clear reliance on third party assistance in arranging an application to a college, in a way which is consistent with the relationship that deaf people have with professionals, particularly social workers with deaf people - that of learned dependency (Taylor, 1986).

One student told how her friend had given her information about the course she subsequently studied and encouraged her to apply. Another said the reason he went on a course was because his manager 'ordered' him to. Some of the students had asked someone else to fill in

the application forms for them, family members or work colleagues. The average reading age of a deaf school leaver is significantly lower than that of a hearing school leaver (Conrad, 1979), so it is not surprising that many deaf people lack confidence in their ability to write. Support from their colleagues and managers featured high amongst the respondents in this group, as did social workers:

> The application forms I had to fill in were difficult. I didn't know what to write, or what would be an appropriate answer. I went to see my boss for some help with the forms. She gave me some ideas - to write about myself, my experiences and my work. She also helped me to plan when would be the best time to apply for the course. She explained everything, and it was very clear. I went home and tried to do the forms myself, when I showed them to her she thought I had painted too negative a picture of my life. She also corrected the spelling and grammar. I went home and did the forms again. She looked at them, made some alterations, and I re-wrote them again. In the end I thought they looked good. Had it not been for all the help I had with the application forms I think I never would have been offered a place on the course.

Professional placements

All respondents had undertaken courses which involved a practice element as a major part of their study. The approach to practice placements varied amongst respondents from wanting similar placements to other students (the 'normal student experience'), to only wanting placements in the disability field where they feel they may be less discriminated against, to:

> I don't trust them (the college) to get it right, and I know the numbers of placements are limited. Thankfully I organised myself in advance.

Respondents made two points very clearly: first, they insisted that the colleges were not able to understand their placement needs, as deaf people, and second, placements in the disability field, particularly specialist deaf placements, were very successful whilst others were very difficult:

> The first work placement was terrible, because of the

> short notice to prepare and also because they had no deaf awareness. Most of the time I only observed, and I couldn't understand what the work was about. The second placement was in a Deaf unit. My placement supervisor was aware of my needs, but my college tutor wasn't. I enjoyed my work there.

This respondent also described subsequent placements, all in specialist deaf agencies, all similarly enjoyable. Another student had a similar experience:

> I had already decided what I wanted for my first placement - the probation service. I knew there would be a problem because of such things as communicating in court, but I wanted to gain experience within the probation service. I found the placement myself and told my personal tutor what I would need. The practice teacher said that they couldn't provide me with everything I needed but would try and build in some support. I knew the simplest thing to do would be to ask for a placement with a Social Worker with Deaf People (SWDP), but I really wanted to gain a different experience.

This respondent accepted the probation placement, which she described as difficult. She did two further placements, both with SWDPs, which she found much easier. This next student highlights what respondents considered to be important:

> I was interested in disability issues, so I went to MENCAP for my first placement. My supervisor had a very good attitude, I was surprised how thoughtful she was. It made me feel more a part of the organisation, it was a very good experience. The second placement was in a Disability Rights Centre, they had a lot of deaf awareness and were also very good.

For one student the placement experiences helped him make a decision about his future career:

> My first placement was in the probation service. I set it up myself because I knew one of the workers there, and I knew I would get some support. The second placement was in a deaf unit, and the third in a resource centre for deaf people. It was because of my placement experiences

> that I decided I did not want to be a social worker. Working with hearing people means I have to spend a lot of time increasing their Deaf awareness, I only really want to work in the Deaf community. I think the college should take responsibility for making sure that placements understand about Deaf awareness.

The issues here are complex. According to respondents there is a lack of choice for Deaf students in considering practice placements, and a lack of Deaf awareness in anything but specialist agencies. That deaf students were looking for a broad experience is clear from what they say. And it raises a question about how well equipped they are to practise following their course, given that their placement experiences were determined neither by a broad grounding in their chosen profession nor a specialist mode of work, but by how well they were able to cope with a deaf student. It cannot be assumed that deaf students would find a specialist deaf placement any easier than hearing students would a hearing placement. But how successful are colleges in negotiating and assessing these placements for their deaf students? Or is it a case of benign neglect?

Institutional support

This relates to the nature and level of support offered by the college, both in terms of equipment and personnel:

> I sat at the front of the group so I could try to lip-read. It didn't work out, and by the end of the first week I was in tears because I knew I could not follow what was happening. The lecturers said they would give me their notes and that I should not come to the lectures. I was made to feel that I was different from everyone else.

All the respondents in our study were critical of colleges for the lack of facilities to enable deaf students to study. They listed equipment and facilities, such as inductive loop systems and radio microphone/receivers for hearing aid wearers, subtitled videos, access to lecture notes and greater use of overhead projectors during lectures, and flashing light fire alarms and access to a minicom (text telephone system). They also talked about sign-language interpreters, note-takers, and teaching support workers. Finally, that deaf awareness courses should be made compulsory for all staff and students:

> After I was offered a place on the course I asked if they would provide a sign-language interpreter. They simply refused, saying that there was no money available, but they would ask other students to help me out by taking notes.
>
> It was hard for me. I thought I might be able to manage but it was very hard. I explained to one of the lecturers that I was deaf. He said for me to sit at the front and lip-read, but it was no help at all. There was no loop system and no notetaker.

At one level the problem here is a simple one. Deaf people need particular types of support and equipment to enable them to study, and information about this has been freely available for some while. However, respondents told us that the colleges they attended were not prepared for the arrival of a deaf student, and much time and energy went into trying to organise support for them. One respondent felt compelled to take the initiative herself:

> When I arrived there was no support at all and I could not follow the progress in the class. I tried to follow the lecturer's lips but it was a strain and required a lot of concentration. After three weeks I started campaigning for a loop system. I organised other students to support me, and visited the student counsellor but he knew nothing about deafness either. The problem is that they think it is only about equipment whereas you really need support for the total experience of being a deaf student.

This issue of the 'total experience' is one that highlights some of the differences between deaf people, the major one being the difference between those who use sign language and belong to the Deaf Community (Deaf) and those who do not (deaf). This has significant implications for the type of support needed by students, and respondents did not find this understanding in colleges they attended:

> I think that I was the first Deaf student on the course, other than a hard-of-hearing student. The college should be more aware of the needs of Deaf students, and be able to offer support. For example, extra tutorials. This would

> help Deaf students to keep up with the others. But, in fact, it would be difficult because the lecturers are very busy and would not be able to provide them.
>
> I cannot remember exactly what happened when I arrived, except there was a support worker for the hearing-impaired (sic). The oral approach is very strong in that area, and she used oral communication and asked me what support I would need as a disabled person. I found it difficult to answer because I did not know what they offered. I said that I had difficulty following the lecturers because lecturers often turned away whilst talking. She said I could have a note-taker. She also said she would convene a meeting of all the students and lecturers during a lunch break. I wish I had not gone to it because I simply sat in a corner whilst she lectured about deaf awareness. The other students kept looking at me and I felt small and uncomfortable. I realised I should not be there. I should have gone somewhere else whilst she did this. To make it worse, at the end of her talk she told the group that they could ask me any questions. A few people did ask questions but I did not really know what to say. It was a very discriminatory situation, I was only a student. As I said, the oral system is very strong in that area and therefore the support service for Deaf students is very poor.

Teaching and learning: includes lectures, tutorials, and curriculum content

Respondents focused on three main areas when talking about their experiences of teaching and learning:

Personal tutor support

> My personal tutor was helpful and whenever I needed support...supported me well. However, there were so many other students that I couldn't demand a lot.

The behaviour of lecturers

> When I started the course I found the discussion groups excluded me because they were very noisy. I had difficulty understanding the lecturers when they talked in class, some of them ignored my needs altogether.

The absence or inadequacy of teaching material on deafness and disability

> Deaf issues should be part of the course structure. I realised that the lecturers did not know about deafness. Under equal opportunities all social issues should be included, but they were very unclear about disability.

The picture constructed by respondents is of a poor service for deaf students across the range of activities. There were examples of where deaf students felt included and supported, and they invariably referred to the one-to-one student/tutor relationship. One respondent gave an account of a very positive student/tutor relationship where the student felt valued and encouraged:

> I met with my tutor and she helped me to plan my study. She said she was aware that the college did not meet the needs of disabled students, but she would be prepared to support as much as she could. She asked me about my needs and she seemed to be a very caring person. I knew I would still be faced with difficulties but we agreed to work on them together.

The important elements of this relationship for the student were, first, that the tutor acknowledged the inadequacy of provision for disabled students and sought to work with the student in overcoming this; and second, that the tutor presented as a caring person who was prepared to make a personal commitment to becoming more aware of deaf issues.

There are two important points here that relate to both gaining a better understanding of the experience of deaf students, and also to developing strategies to improve the educational service they receive. First, is the issue of control. Generally speaking, when deaf people seek professional assistance (be it from teachers, social workers, or medical staff), the encounter and the subject matter will be managed by the professional. There is a history of the disempowerment of deaf people based upon assumptions about their intellectual capacity, and ability to manage their own affairs (Higgins, 1980). The other extreme of this highlights the second important issue. It is when the responsibility is passed to the deaf person to find solutions to the institution's inability to provide adequate services. This often happens when the hearing professional either has no awareness of deaf issues, or no commitment

to making themselves aware. On the one hand benign neglect; on the other, active discrimination. Either way the issues are relegated to a low priority along with the deaf person themselves.

We therefore see a split between the behaviour of academic staff in one-to-one situations (generally favourably received by deaf respondents), and academic staff in the classroom situation (almost universally condemned by deaf respondents), which raises questions about teaching methods, student support and staff development:

> Nevertheless I continued to experience many other difficulties. Throughout the two years there were lecturers who had no understanding of deafness. They refused to produce handouts, TV/video materials were used without subtitles or transcripts being given. I was told that I could have extra tutorial support if I needed it. In effect this meant I had to request it every time rather than it being inbuilt in my course timetable. Also, because I did not have a notetaker - (the college) could not afford it - I had to rely on the goodwill of my colleagues (hearing) to take notes for me each lecture.

Respondents felt excluded by the lack of input on deafness, or any representations of deaf people in course material.

These issues were raised by all respondents, but were not applicable to all colleges. The major differences appear to lie not between particular colleges, but between educational institutions that offer teaching input on deafness and those that do not. In this respect, the colleges attended by respondents where deaf students were actively recruited, received favourable comments regarding teaching and learning. Those institutions that did not offer teaching input on deafness received generally negative comments in this category.

Student relations

Student social life and peer support. Generally speaking, respondents found that other students welcomed them, at least in principle, even if the reality worked out differently. One respondent spoke of a very positive experience:

> I would say that at both colleges the students were very aware of Deaf issues. This is perhaps because they were training to work in the caring professions, they were also

aware of race and disability issues. They were open minded and that helped me a lot, they wanted to learn more about Deaf issues and develop a more positive attitude. When in groups, they spoke slowly for me. Of course, some of them ignored me, but quite a few students made an effort to speak at a regular speed and I was able to follow...They realised that I used a different language from them (sign language). Some of them went on a sign language course, that was very helpful. I told them that I prefer direct communication and it would be better if they were able to sign whilst they spoke in group discussions and not rely on the interpreter all the time. Of course, they used only basic signing and some of them only used finger spelling - picking out the first letter of each word. But one of them signed very well, and I felt encouraged by them.

Other respondents did not feel so encouraged:

> Relationships with other students were not good because they were not aware of my needs as a Deaf person. They could not understand how I was able to speak well but could not follow what they said. I explained to them they should speak slowly so I could follow their lips. But it did not make much difference. They needed to have more about Deaf awareness.

Respondents reported that other students were able to grasp the issues, but that peer support was patchy. Collection of hand-outs, general classroom orientation, and informal note-taking were all offered to different degrees, and one respondent told of other students supporting political action:

> Students in my class were good towards me at the beginning of the course because they boycotted some of the lessons in support. This was because some of the videos did not have subtitles, therefore the other students refused to watch.

The effect was an improvement in that particular area of teaching, but it was not sustained or related to other situations:

> Students were aware of my needs at the beginning of the course, (the boycott of lecturers) but since then there was

> little improvement. Access to information was still a problem for me throughout the course, mainly in debates and discussions, even with an interpreter.
>
> Interviewer: Did you ask them to stop and repeat themselves?
>
> Yes, I did ,many times. But how often can you do that? I couldn't keep asking them to stop. It was an impossible situation.

A strategy adopted by most respondents was to identify a small group of students on their course and spend most of the time with them:

> Well I made four good friends amongst the student group, and I was with them all of the time. Without them I would have been depressed.
>
> I would meet with other students in the canteen or the library, only two or three of them. We co-operated well and I was able to keep in touch.

A distinction must be drawn here between social time on campus and social time after the working day and outside of term-time. None of the respondents reported any significant social relationships developing with hearing students as a result of being on their course. One respondent was quite categorical about this:

> Social life? I never involved myself with them (hearing students), because at the end of the day I went straight home. I was never involved in the social life at college.

The presence or absence of other deaf students is significant in this respect. Those respondents who had studied in colleges alongside other deaf students found this made a major difference to how they felt:

> I did not involve myself in student social life because of the difficulties with communication. Only once, at a Xmas party, but I felt very isolated. The other Deaf student on my course did not go. If he had it would have been much better, but he refused. I wanted to go for the experience, and because some of the (hearing) students had been kind to me.

The major source of support and social activity for respondents was through their families or pre-existing social relationships, predominantly with other deaf people. For those students at colleges near home their deaf social networks afforded good support. Those students who travelled to college were in a different position:

> I did not have much of a social life at college because most week-ends I went to deaf parties or the deaf club near where I live. At that time I was not aware that there was much of a Deaf community or a Deaf club near college. When I found out I arranged to meet my friends there. After that I made friends with some other deaf people there and I felt much more relaxed.

Personal cost

This highlights the issues of extra personal responsibility and extra work that respondents raised:

> I went for the interview and told the interview panel that I had a head cold and that was why I could not hear properly. If I had told them I was deaf they might not have allowed me on the course. I managed to keep it from them for almost six months. In the end I had to tell them.

It is understandable that a deaf person with some level of residual hearing might try and 'pass' as a hearing person, for the purposes of gaining access to higher education. Low levels of academic achievement amongst deaf school leavers, coupled with stereotypes of deaf people as 'stupid' (Taylor and Gregory, 1991), could leave deaf people feeling that higher education is for hearing people, not deaf people. So in order to gain access a deaf person would need to 'be' as much like a hearing person as they could. For a deaf person to feign a head cold for an interview is not an uncommon occurrence, and it illustrates the level of oppression that deaf people must experience in hearing society that they are, at times, prepared to be seen as a sickly underfunctioning hearing person in order to be accepted by hearing people.

For those deaf students for whom passing as a hearing person is not an option, or who openly assert their Deaf identity, there are other pressures. The management of the facilities they require for equal access was a common issue amongst respondents:

> I needed a grant for interpreters so I applied to the local authority. I was refused because I was on a part-time course. I was shocked. If I had been on a full-time course I could have claimed a full disability allowance. I was very angry and wrote to my MP as well as the Education Minister. They both replied saying they could not help.
>
> The course started with a short residential introduction to the course and meeting the lecturers. I brought my two interpreters with me, but they were only there during the day and when they went home I felt odd. Some of the students ignored me, but then I ignored them. Some of them made an effort to talk to me.
>
> I claimed the allowance for interpreters, but I then had the responsibility of managing it. I had to contact and book the interpreters and also check the money in the bank. The college should have done that. Also, we were in college for four days each week but I could not afford for the interpreter to be there every day. I had to plan the week in advance - two days a week for the interpreter was what I could afford.

This places the deaf student outside the sphere of interest of the college and locates them as the 'other', with hearing students as the norm. The 'problem' of deafness is thus individualised, and returned to the deaf person to manage the solution. This is a clear demonstration that the anxiety that deaf people have about higher education being for hearing people is well placed. Otherwise colleges would take the responsibility for recruiting and supporting their deaf students. One respondent reported how she and another deaf student took responsibility for teaching other students and tutors about deafness:

> I thought it was strange that no-one knew how to use a loop system. I had to explain to them about when to talk and using the microphone. They seemed uncomfortable with it. I quickly realised that they did not know about deaf issues so the other deaf student and I set up some awareness training for them. At the Deaf awareness training session students and lecturers were there to listen to us. After that they had some understanding of our needs.

The other major issue raised by respondents was tha,t because they felt excluded from a lot of the teaching sessions, they needed to spend extra time studying outside of college in an attempt to keep up with the work:

> Studying was hard for me. I had to read lots of books when I was at home to try and catch up. Perhaps that was how I managed, I don't know.
>
> When I went home I just could not switch my mind off because I knew I had missed such a lot during the day. This forced me to read a lot of books to catch up. But the language in the books was difficult to understand, sometimes I had to read a book ten times before I could understand it. There were a lot of jargon words that I could not follow.

The work/study environment: looks at questions of atmosphere and the suitability of classrooms

At one level this is a one issue category; the suitability of the buildings for the purpose to which they are put. As far as respondents were concerned classrooms were only one part of a much more widespread problem:

> The refectory is very noisy and it is impossible for me to follow a conversation there. Sometimes, other students would realise that I could not follow and try and find a quiet area.
>
> The quality of rooms is poor. Even after the loop system was fitted it was not good enough because it was a noisy room. Also, the floor was too bright and it made lip-reading difficult for me.
>
> I only ever went once to the student union bar. There were a lot of students there and I could not carry on a conversation because of the noise.

It is easy to see where this category intersects with others. The physical surroundings act almost like a stage upon which the experience of deaf students in higher education is played out like some real-life

drama. The consequences of this have implications for the social as well as educational experiences of deaf students, and also raise serious questions about personal safety. As one female Deaf student reports:

> I stayed in halls of residence. I had to leave my door open all night in case of fire. I felt very uncomfortable in case someone came into my room whilst I was sleeping. Fortunately this did not happen very often. There should have been a flashing light alarm. Also, there was no minicom in the halls. And, I did not get a choice of room, I had to stay in the room next to the warden.

Conclusion

It is easy to be critical of the colleges attended by deaf students interviewed in this study. Respondents were generally unhappy with levels of deaf awareness, support services, and the absence of deaf issues in the curriculum. There is, of course, at least one more side to the story, that of the academic and professional staff in the colleges attended by deaf people. It is on this group that attention will be focused next, but it was essential first to enlist the assistance of deaf students to identify the important issues, which will help frame the questions for the next phase.

One of the aims of this first phase was to locate the issues raised by deaf respondents about their student experience within a wider societal framework. Such an approach also recognises the similarities between the different marginalised groups in the way they experience social disadvantage. Of course, the detail of their disadvantage in society will be influenced by a range of historical and cultural factors. But their distance from positions of power, their access to it, and the mechanisms for maintaining them in their social position, will be broadly similar. It should, therefore, be possible to speculate on what the central issues might be, and that the issues raised by deaf students would also be relevant to other students such as black, female, or disabled students, as well as other students who face discrimination.

An illustration of these similarities is provided by the way that respondents criticised courses for not including deafness in the curriculum content, something which also applies to other groups. As deaf students they felt generally unsupported, and on the receiving end of a poor service. The issues of how deaf students are treated, and the

absence of deafness in the course material are bound together. Colleges always seemed to be surprised by the arrival of a deaf student, which had the effect of individualising the deaf student's situation (problem?), and the solution to it. This completely disregards the structural nature of the oppression of deaf people in hearing society, and contradicts the emphasis on anti-discriminatory practice inherent in social work and youth and community work courses.

In terms of a strategy for change it would be too much to expect this first phase of what is a much larger research project to provide clear cut solutions. However, there are some identifiable ways of proceeding which emerge from the data. Looked at from a policy and practice viewpoint there would appear to be fairly discrete responsibilities which could, or should, be taken on by CCETSW, by the programmes themselves, and by the academic institutions which offer those programmes. For example, a national mapping exercise by CCETSW, outlining the facilities available for deaf students in all programmes would help. Some active co-ordination of those facilities would be even better, perhaps by encouraging those programmes with developed deaf social facilities in their area to collaborate with them and raise the profile of deafness in the programme. This would, of course, only be a short to medium term measure, as the long term aim must be to give deaf students the same choice of programmes as hearing students. This means that all programmes should be paying attention to this area.

CCETSW could also assist with the issues that surround practice placements. It is clear from the data that there is an urgent need to provide better quality practice placements for deaf students in non-specialist agencies. But, for this to happen in any systematic way would require a concerted nationwide initiative, along with the funds to enable the purchase of the necessary environmental equipment and staff training.

There is also, of course, an issue for social work programmes to address when considering practice placements, that is the need for practice coordinators and tutors to achieve higher levels of deaf awareness. And the need for greater deaf awareness is something that cuts across a number of the issues raised by deaf respondents. The process of recruitment and selection would be much fairer on deaf people if admissions tutors and interviewing panels had undergone deaf awareness training. Likewise, deaf awareness training would help address some of the difficulties respondents experienced in classroom based teaching, more specifically the behaviour of lecturers in the classroom.

There is, of course, the issue of the lack of appropriate facilities and the inadequate nature of the physical surroundings to address, and this is an issue for the institutions that offer the programmes. But pressure can be brought to bear on institutions by both staff and students from the programme to improve both of these areas. Certainly, the relationships between deaf and hearing students would be improved by changes in these areas, as they would if a profile on deafness were to be built into the curriculum. The point here is that deafness is, if it has any presence at all, peripheral to most social work training. To locate it in the structure of social work programmes would be to construct it as a necessary part of training and not something that is simply an 'added extra'. It would, therefore, require programmes to build deafness and deaf issues into the whole programme as part of an anti-discriminatory approach. It would be necessary to alter the format of the admissions process, be prepared to seek and develop non-specialist practice placements, and make the curriculum both more appropriate for, and accessible to deaf students.

The logical conclusion to this process of developing a profile on deafness as an integral part of social work training, would be that programmes would not be surprised by the arrival of each deaf student, and could actively seek to recruit deaf students to their courses with some measure of confidence. As the data demonstrate respondents commented favourably on those programmes that sought to recruit deaf students, and made a conscious effort to attend to their requirements.

The picture painted by deaf students was not, of course, entirely negative, and there were examples of good practice as well as signs of good will and effort by academic and professional staff. I anticipate that data from the next phase will highlight different issues, from the perspective of those with responsibility for the management and delivery of the educational experience, and not simply offer a commentary on deaf students' issues. This, I hope, will enable the development of a more sophisticated analysis with some clear recommendations for practical application.

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SPECIAL ISSUE:
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ETHICAL ISSUES IN PRACTICE:

PARTICIPATORY SOCIAL RESEARCH AND GROUPS

GEORGE TAYLOR

In this article I seek to identify some of the issues facing social researchers attempting to work within a progressive, ethical framework when researching with groups. I take as my point of departure the work that is being developed within a Participatory Social Research (PSR) paradigm.

I will refer to a research project undertaken with groups of lesbian and gay deaf people, to help me examine the significance of the issues being raised. I do not offer this project as a model for participatory research. In fact, part of my rationale for choosing it for this article is to enable me to further develop the project and make it more complete. I will do this by concentrating on the process of setting up the project, and working with the participants, rather than the data which have already received some attention (Taylor and Meherali, 1991.)

Introduction

Of overarching concern is, 'What drives the research agenda?' This question is prompted by realisation that the 1996 Research Assessment Exercise (RAE) has just been completed and already the pressure is building in the academic community in anticipation of their being a further RAE in the year 2,000. As universities compete for a lion's share of the research money-cake, I am concerned as to the impact this will have upon the nature and quality of the research undertaken? And, in particular, how will it effect those research projects using a PSR approach with an ethical framework designed around the principle of user involvement?

Participatory Social Research

One of the difficulties in opening up this subject is the fact that there are a number of entry points and a range of possible definitions and descriptions of Participatory Social Research. One early significant influence is the establishment of the Community Development Projects (CDPs) in the 1960s. They emerged as the government's response to the realisation that poverty had not been eradicated by the setting up of the welfare state, and a concerted effort would be necessary to combat the 'cycle of deprivation'. An action research approach was built into the work of the CDPs with a close collaboration between the academics employed by the Home Office to investigate the causes of poverty, and the community workers concerned with the practical support of the local communities.

Central government involvement in the CDPs was short lived however, which weakened their position, but the action research model which they developed continues to have considerable influence. Bob Holman describes a tradition, strongly rooted in community work, of participatory research on poverty (Holman, 1987) which enables the subjects of the research to formulate the ideas for research, bid for grants, and generally influence the whole project. Suzy Croft and Peter Beresford have undertaken a number of research projects with community groups which attempt to 'democratise' the research process by promoting the voice of the respondent, and by engaging respondents in analysing the data. (Croft and Beresford, 1990, 1993). And Everitt et al. argue for social work practitioners to become more 'research minded' (Everitt et al., 1992) by incorporating some of the elements of a participatory research approach into their practice.

Despite this strong tradition, participatory research based in practice as a form is not well established amongst the university research community, and is therefore quite slippery to grasp and easy to criticise. Nevertheless, Hammersley concludes that the attempt to 'democratise' the research process is '...likely always to be more appropriate in the university than in any wider public sphere, and one which is currently threatened even there' (Hammersley, 1995, p.38). This trend is clearly demonstrated within the social work field, where severe criticism of the practice of social workers during public enquiries, and cut-backs in local government spending, have culminated in social workers adopting a 'safety-first' approach to their work. This is not a climate to encourage innovation or an increase in user participation. As social work practice becomes more prescribed and centrally controlled, those social workers who try to work in a progressive way, such as working with survivors of abuse or advocacy work, have to attempt to find ways of embedding their ideas into the structure of welfare strategy in order to maintain their effectiveness.

The issues are similar for the research community, whether based in universities or other institutions. The pressures of market forces leave little room for projects which are not of obvious benefit to

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the institution, either through the achievement of external funding or inclusion in the RAE, and leave them vulnerable to being overlooked or heavily criticised. There are clear similarities between social research, and social and community work, in the way that financial and political agendas have a major influence on practice. There are also similarities in the underlying principles, and some common understandings about how they relate to professional practice. For instance, there appears to be an assumption that anti-oppressive practice, in whatever field, is an 'extra' layer that will cost more, be more labour intensive, and generally complicate what are otherwise straightforward issues. It is my contention that a properly organised anti-oppressive approach, such as PSR, is not only ethically more appropriate but can also be an efficient way of working:

> (PSR)...is research with and about people and their lived realities, and its principles underpin the ethical framework of researchers concerned predominantly with people in receipt of public services (Taylor, 1996b).

Practitioners in public service are familiar with notions of anti-oppressive practice. While there are different views as to exactly what constitutes anti-oppressive practice, and whilst a full discussion of these issues is beyond the scope of this article I would like to identify two of the key features of this approach which have a direct bearing upon PSR. They constitute an appreciation that:

1. anti-oppressive practice begins with an understanding that society is founded upon structured inequalities;
2. an anti-oppressive approach transcends individual experiences/ solutions by revealing how they relate to wider oppressive social structures.

The logical consequence of these features is that an anti-oppressive approach must be built-in to the structure of practice, and not simply added at some stage if convenient. Furthermore, if this is achieved, then the outcomes will have a wider resonance, that identifies the individuals or groups being addressed as part of wider society with a particular relationship to the dominant social structures (Taylor, 1996a). There are no overwhelming reasons why an anti-oppressive approach should place an added financial burden to professional practice, so perhaps the resistance to such an approach is political.

In essence, the principles that underpin an anti-oppressive approach also underpin a PSR approach. A PSR approach is one which involves the respondents in both the purpose and process of

the research at all stages, making all aspects of the research transparent, and offering the choice to respondents to opt-out if they wish. It provides an ethical framework for research practice based upon a democratisation of the research process, and promotes a series of key questions to be addressed. These are not uniquely identifiable with any social group; they permeate the whole research process and provide a set of principles against which the research can be tested. Bob Holman's (1987) model for research with inner city residents about their poverty helps to identify these challenging questions, which can be broadly applied to all research with marginalised groups of people. They are:

- Who owns the research?
- Who defines the issues to be researched?
- Who decides how the topic should be researched?
- Who interprets the findings?
- What role do respondents play in data collection?
- For what purpose will the research be used?

(Questions re-worked from Holman, 1987).

A difficulty with any such list of questions is that they may be viewed as either fixed or exclusive. A central plank of PSR is that the ethical framework should be appreciated as a set of principles that require theorising, and not simply accepted as a set of positivist 'facts'. The anti-oppressive principles that underpin PSR, and the questions that arise from them, are not simply a product of an implicit relativism, however, they are firmly located within an approach that is subject to a number of broad imperatives. For example, it is necessary to locate them within a social context and develop a critical reflection on power relations, e.g. the impact of social structures which divide by class, race, disability, sexual orientation, age, and gender, as well as the impact of the researchers themselves upon the process and the nature of the data collected. And it is essential that research within a PSR framework should have as a central aim to enable the voice of the respondent to be acknowledged.

A further difficulty is that the requirement for constant reflexivity, '..in which researchers continually reflect upon, monitor and report their role in the field in order to avoid misinterpretation..' (Harvey, 1990), can be very stressful, without the methodological certainties afforded by traditional research approaches. And there are some very real tensions to engage. For example, making the process transparent sounds like a good idea, but how can the researcher

differentiate between quality data and when they are simply observing the impact of their own perspective? And, do all respondents have a right to be fully informed of the purpose and process of the research, regardless of their social position, or only those whom the researcher judges to have a central interest in the project? Further dilemmas surround the notion that the researcher is part of the process. In theory it is perfectly understandable and acceptable. In practice however, the extent to which the researcher should contribute personal information, and how this might affect the process and/or the data collected, is difficult to assess. This might be particularly relevant when interviewing a range of people in more or less socially powerful positions which may have an impact upon the behaviour of the researcher. For example, a black researcher interviewing a white senior police officer about black people in the criminal justice system might be subject, and susceptible, to a variety of prejudices which affect both the process of research and the nature of the data collected. These issues transcend any individual examples because of their relationship with oppressive social structures. They were certainly a feature of my research with lesbian and gay deaf people.

Why research with groups?

The short answer is - empowerment. The long answer is also empowerment, which, when put under scrutiny, is very complex and uncertain and contentious in its various meanings. Thompson defines empowerment as '...the process of giving greater power to clients in whatever ways possible - resources, education, political and self-awareness and so on' (Thompson, 1993, p.32). Adams refers to it simply as 'becoming powerful', and links it closely to the notion of 'self-help'. He does however, point out that it may not always be clear who should be involved in this process of becoming powerful:

> ...many self-helpers would object to the implication that empowerment may involve professionals handing over power and second, some stigmatised groups such as gays, AIDS sufferers and schizophrenics may look to self-help as a liberation movement and this may complicate their relationship with professionals (Adams, 1990, p.18).

There is a significant distinction to be drawn here about the way in which power is achieved. Is the very act of the professional handing over power to the client a cosmetic 'softening' of the power relationship, what Freire referred to as 'false generosity' (Freire, 1972), whilst in reality it is a re-assertion of their institutional power? If so, what role should the professional fulfil in the relationship? According to Oliver, career structures will largely determine whose side professionals are on (Oliver, 1990). For Hvinden, the meaning of empowerment is closely linked to the nature of the presenting problem and how it is defined (Hvinden, 1995). This immediately locates the professional in a dominant position with the institutional authority to both define the presenting problem and the way in which it should be addressed. Legal and procedural structures which increasingly emphasise an individualised approach to social work practice severely constrain any attempt at handing over power, or any significant changes in the worker-client relationship. And Alcock (1996) argues that real empowerment can only be achieved by a 'transfer' of power from professionals to clients, and not simply an 'extension' of professional power. This would entail a complete re-structuring of welfare services from the 'bottom-up' (via the transfer of power), as well as from the 'top-down' (in the way that policies and procedures are designed and implemented).

So where does this leave researchers in their attempt to conduct research with groups? There is certainly much evidence to demonstrate that groups, and groupwork, can be a powerful conduit for change. The women's movement was fuelled by consciousness raising groups, where individual experiences were made explicit, re-interpreted, and developed as an agenda for action. Groups can often provide the only opportunity for an individual to find their voice and develop a sense of self-worth. My own experience of working with groups of men, is that men of all ages will usually find a way of talking with other men about their experience of becoming and being a man in ways that they have never before achieved. These occasions are often 'life-changing' for both the individual man and other men in the group. What is sad is that the context for these obviously important and powerful events has to be artificially constructed. Not only do opportunities such as these exist only rarely in everyday life, but they are actively discouraged by social stereotypes of men which construct masculinity within a framework of strength and self-sufficiency.

Whereas dominant ideologies serve to maintain social cohesion through the support of traditional, individualising, social structures, group processes can enable individuals to develop an understanding of these oppressive structures and to re-frame their own private/personal problems in terms of how they relate to social processes.

Through a groupwork process both the group and individuals can become more powerful, whereas an individual approach is often self-limiting and more fragile. Groups can more easily develop and implement action agendas, for example, for networking or lobbying. And, groups can be powerful arenas for formulating ideas about people's requirements for services, and in evaluating current service provision. This rationale for a groupwork approach also holds true for undertaking PSR based clearly within an anti-oppressive practice framework, with an active agenda of social change.

Lesbian and gay deaf people

The research conducted with lesbian and gay deaf people was part of a wider project undertaken to look at 'The Other Deaf Community', those groups of deaf people marginalised by and within Deaf Communities because of their age, sexual orientation, race, communication methods, and blindness (Taylor and Meherali, 1991). It is important to distinguish between those people with a hearing loss who otherwise attempt to integrate with wider society as deaf people (with a 'd'), and those Deaf people (with a 'D'), who use sign language as their principle means of communication and identify themselves as culturally Deaf. This convention is by no means straightforward. And, because it assumes an element of choice, is usually not used in relation to deaf children even though they may later in their lives embrace a Deaf identity.

The idea that deaf people could constitute a cultural linguistic minority first surfaced amongst deaf people in the USA in the 1960s, energised by the activities of the Civil Rights Movement (Padden, 1980). Research into the communication methods of deaf people in the UK in the 1970s. established, for the first time, the term British Sign Language (BSL) to refer to the system of manual communication used by British Deaf people (Brennan et al., 1980). Politicised by a growing awareness of social exclusion, and their communication system validated within a linguistic discourse, Deaf people have embarked upon a process of establishing themselves as a discrete cultural group within their host hearing communities. Within the United Kingdom BSL is the fourth most used indigenous language, with more than 50,000 estimated users (British Deaf Association, 1987). And it was commonly held that members of the Deaf Community identified themselves as Deaf first, regardless of any other cultural considerations such as race or, as in this case, being lesbian or gay. It was against this backcloth that the research with lesbian and gay deaf people was undertaken. There was no previous

research upon which to base an approach, so the concept of 'otherness' as formulated by Simone de Beauvoir to describe the position of women in society was employed (de Beauvoir, 1953). The aims of the project were:

1. To look at the different groups that constitute the Deaf community.
2. To explore the notion that Deaf people identify themselves as Deaf first, regardless of membership of any other group.
3. To look at how the Deaf community defines acceptability.
4. To identify how the process of marginalisation operates in the Deaf community.
5. To raise some of the issues regarded as important by the subject groups identified in the unit.
6. To look at the way in which prejudices in wider society operate in the Deaf community.

(Taylor and Meherali, 1991)

As I stated earlier the findings from this research have already received some attention, and the emphasis here is on the process of the research and the extent to which it may be considered within a PSR framework. With this in mind I would like to focus upon four issues: making contact, choice of venue, interview questions, and communication, which I consider were central to the project, and will help to illustrate some of the themes of PSR.

Making contact

Making contact with lesbian and gay deaf people was not simple. There were a few deaf lesbian and groups beginning to establish themselves during the 1980s, but their appearance was not readily accepted within the Deaf community. At the 1987 British Deaf Association (BDA) Congress a number of delegates tabled a series of motions to ban deaf lesbian and gay deaf people from the BDA. The BDA is the only national users organisation for deaf people with a very influential position with regard to the development of Deaf culture and language, and the way that Deaf clubs are organised and run. Added to this, the BDA was in the process of modernising its own internal structures in an attempt to establish a more secure financial and political base from which to assist its members (predominantly those in the Deaf community). Following some intense negotiations the 'anti-gay' lobbyists were compelled to withdraw their proposals, and the BDA produced the beginnings of an equal opportunities statement:

> The BDA is totally opposed to sexism and racism in all their forms and to discrimination against disabled people, lesbians and gays (*British Deaf News*, 1987).

Clearly these events, and the level of antagonism within the Deaf community towards lesbian and gay deaf people, would have an impact upon my attempts to establish contact, and this proved to be the case. There were no easily available points of contact for me to use so I had to begin with people I already knew in the Deaf community and build contacts slowly. Slowly is the operative word here. This process demands patience if it is to work at all, something which must be taken into account when drawing up research timetables. It is also very heavy on telephone bills. The advent of fax, and particularly E-Mail should improve this, but back in 1989-90 the principle means of negotiating contact was via Minicom. This is a keyboard and readout device which attaches to the telephone to enable written conversations to take place via a telephone line between two Minicom users. There were many lengthy Minicom conversations in order to negotiate contact arrangements.

Obviously I was initially treated with some suspicion. I could have been intent upon whipping-up more anti-gay feeling in the Deaf community, and I was scrutinised very carefully about the rationale for the project and was asked to explain, in some detail, the scope of the research and the uses to which it would be put afterwards. I was clearly being 'vetted' and my credibility being verified. The Deaf world is quite small and the networks well developed, and I was aware that during this protracted period of early negotiations I was being discussed, and questions were being raised about me in some parts of the Deaf community.

I had established contact with three groups. This was with one member of each group who identified themselves as the secretary to the group, and it was with these people I conducted the lengthy Minicom conversations. This is significant because, as a result of oppressive educational practices (Lane, 1984; Ladd, 1991), deaf school leavers are often under confident, and confused about their identity, and the average reading age of a deaf school leaver is significantly lower than that of the general population (Conrad, 1979). This did not prove to be too much of a barrier when contacting the 'secretaries' of the groups, but became an issue as the secretaries needed to check out with each group member that the arrangements were acceptable to all. This was a necessary part of the process, particularly given the background and the nature of the request, and was very time consuming. Telephone contact was not always

possible between group members and written contact, for reasons already stated, was not always effective. It was therefore necessary for the secretaries often to rely upon personal contact to establish an agreement, something which was often delayed if group members lived far away or group meetings were infrequent.

Giving a full explanation of the intended research, and making the process transparent, as early as possible is not only good practice in PSR terms, it is also necessary in terms of efficiency if the setting-up process is to be implemented within any reasonable timescale. I was aware throughout the 'making contact' period that I was negotiating with a group of people, and not simply with a 'gatekeeper'. The secretaries of the different groups were not making decisions about allowing me to have access to the group, but conducting some fairly detailed discussions in which a range of viewpoints were being represented. It was not enough for me to persuade the secretaries of the legitimacy of my request, I had to provide them with sufficient information about myself and the project and hope they were in a position to represent my ideas in discussion with the rest of the group. I experienced an acute sense of powerlessness, which became a fairly regular occurrence on this project.

It is important to point out that the groups with which I made contact were mixed groups of lesbians and gay men. Whilst I did have some very helpful contact with individual lesbians I did not interview any lesbian-only groups. It may be that as a man I would not have achieved this anyway, or it may reflect upon my approach. Whatever the reason, I do think it is significant and necessitates a comment within a discussion of the process.

Choice of venue

Most researchers would expect to visit their respondents on their own 'territory', where they feel most comfortable, unless their are particular reasons why this may not be appropriate. With groups such as lesbian and gay deaf people it is slightly more complicated because they are organised around their sexual identity and their deafness, rather than being issue based or geographically located, which subjects them to a complex process of social exclusion. All of the groups were clear that they would not be prepared to meet with me at any of the Deaf clubs that some of them attended. Some of them were not 'out' in the Deaf community, and others who were had met with hostility and even violence from other Deaf people. Neither would they be prepared to use the offices of the specialist social workers with deaf people (SWDP), as they believed that SWDP's

were not trustworthy and would leak information into the Deaf community. It became clear to me that part of my 'vetting' (I had previously worked as an SWDP) was to assess my personal commitment to confidentiality.

Time is again an issue here as far as the research agenda is concerned because groups such as these do not have established premises, often have irregular or infrequent dates for meetings, and different members attend on different dates. To organise a special meeting for the purposes of the research was increasingly difficult, so all of the meetings took place in venues where most of the group members who had agreed to participate would in any case be at a time when I could meet with them. Flexibility is the key here, and any attempt by me to impose a more organised structure upon the arrangements (fitting in with my agenda) would probably have been unsuccessful and is likely to have antagonised some of the respondents.

One of the venues agreed upon was a 'gay' pub, and it is worth some discussion because it highlights a number of themes about the social situation for lesbian and gay deaf people as well as the working environment for researchers. This particular group had chosen this pub because it was a place they all knew and where they felt welcome. Other people in the pub were more accepting of their deafness than Deaf club members were about their sexuality. They were however, separate from other pub users, and the space they had been 'allocated' for their group meetings reflected a very careless and/or callous attitude towards deaf people. To begin with, it was a corner of the pub which was very dimly lit, making visual communication difficult. It was also extremely noisy, being next to the toilets where the door made a loud bang every time it was opened and closed, and included a pay phone which was in constant use and the users could only make themselves heard by shouting (playing havoc with my tape recorder). Environmental noise does matter a lot for deaf people. Total deafness is rare, and most deaf people have some residual hearing. Whilst it may not be sufficient to understand speech it is usually a reasonable aid to orientate the deaf person to developing events. For hearing-aid wearers the situation is even worse as the hearing aid does not discriminate at all, it simply amplifies everything.

From my point of view it was an extremely difficult research environment demanding a painstaking attention to the process, and I cannot honestly claim to have exercised much control over the proceedings.

Communication

It may seem a little strange to use an audio recording strategy for interviewing deaf people, but it can work very successfully. A number of different groups of deaf people were interviewed as part of this project, and my preferred method was to communicate directly using sign language whilst speaking so that my voice was recorded on to audio tape. An experienced sign language interpreter would voice the reply of the deaf person(s), and would assist generally with any communication difficulties. This is a system which I found worked well and led to a high level of consistency in recording the data.

The lesbian and gay deaf groups were as suspicious of interpreters as they had been about SWDPs, and would not use anyone from the official Register of Sign Language Interpreters. There is an issue of overlap here, because until relatively recently the only sign language interpreters were SWDPs, and they often performed that function as part of their job. Nevertheless the groups were very clear that the agreement was to meet with me only and did not extend to me bringing anyone else along, particularly an interpreter. One of the groups did in fact give me the name of someone who they would be prepared to accept in that capacity. She was a hearing woman, a lesbian, who was not a qualified interpreter, but she was a highly skilled communicator and had the trust of the group. In normal circumstances I would only employ registered interpreters as a matter of principle. In this case I had little choice so I made the arrangements, which worked very well, and I subsequently employed her for a different project in which I was engaged.

The situation in the 'gay' pub was entirely different. The group would only communicate with me directly, which would make data collection very difficult for me. After a fairly lengthy discussion it was agreed that one of the group members who had reasonably clear speech would voice the respondents replies on to the audio tape. The major difficulty here was that sometimes he became so involved in the discussion that his own contribution was frequently mixed up with others, and I had to add my own commentary. This, added to the environmental difficulties, meant that the audio tapes were a nightmare to transcribe and had to be supplemented with copious field notes, mostly written sitting in my car late that night.

Whilst the principles of PSR emphasise the importance of the part played by respondents, such principles are really put to the test in circumstances where the researcher is only one amongst a very articulate and powerful group in unfamiliar surroundings. To

attempt to 'manage' the group within that environment would have been contradictory to the principles of PSR, to simply take a back seat would not have been helpful. In these circumstances it is necessary to achieve a level of engagement with the group, through constant negotiation, which meets the explicit and agreed aims of the event.

Interview questions

A valid PSR approach requires flexibility, and this is as important at the stage of devising and implementing the interview questions as anywhere else in the process. The task at hand here was to begin to understand and explore some of the lived realities of lesbian and gay deaf people, a broadly ethnographic agenda in the sense that it was an attempt at cultural description and analysis by the interpretation of meanings. In which case it was important to acknowledge the cultural assumptions that influenced my own thinking about deaf people, the gay community, etc...rather than pretend my approach was value-neutral. For example, the issue of AIDS was not initially included as an area for discussion because of the adverse media portrayal of AIDS as the 'gay plague'. However, respondents were very clear that it was an important issue for them, because of a disproportionate number of deaf people being HIV+, as well as difficulties of access to information, and it must therefore be addressed.

The piloting therefore of research questions within this approach is ongoing, and is much more productive if undertaken predominately with the respondents. Thomas' description of critical ethnography underlines the importance of this part of the process of moving beyond a simple cultural description and analysis towards social change:

> Once we begin to collect our data, the project's focus should become clearer. This is not an automatic process; it occurs as we begin to appreciate more fully the cultural nuances we observe. New images spawn new questions, which in turn lead to sharper images, and at this point we can - if we have not already - begin to conceptualise more carefully the critical component of the research (Thomas, 1993, pp.41-42).

With the lesbian and gay deaf groups the process began early with a full discussion of the areas of enquiry before the interviews were set up. By and large the groups were happy with most of areas identified, some were queried further and modified, and some

additions were made (most notably the issues surrounding AIDS). As reported earlier, the functional ability of deaf people in written language is significantly affected by the education system, and communication methods within groups such as these will range from use of residual hearing and some speech, to native BSL users. It is important that the researcher takes this into account and the interview process is flexible enough to accommodate it. With the lesbian and gay deaf groups a mixed mode approach was adopted, where the previously seen and modified areas for discussion were made available at the interview, and were reinforced through speech and sign language.

The process of modification continued throughout the interviews. There is a great tradition of story-telling amongst Deaf people, principally as a means of keeping alive/passing on their culture, and many of the respondents chose to approach some of the questions in this way. This meant that questions were not always directly answered, but were used as starting points to develop broad themes. This was important for the research for two reasons: first, it produced some very rich and detailed data and, second, it maintained the interview process firmly within a Deaf cultural framework. A more traditional approach to the research would not, I am convinced, have enabled this to happen.

Reflections/conclusions

Researching with groups requires careful preparation and a clear rationale for choosing a group, rather than an individual, approach. For example: To what extent are you attempting to discover about the 'life' of the group? Or, is the individual experience the main priority? These aims are not necessarily mutually exclusive, but they are discrete areas of enquiry which first of all need to be acknowledged, and then differentially conceptualised. With established groups the researcher encounters the group at whatever stage of development it has reached and, whilst it would be impossible for there to be no impact at all, the researcher must not attempt to influence the group's development. It is therefore essential that the researcher has a working understanding of group processes in order to minimise any negative effects. This is also important in relation to data collection. For example, if the group is newly forming it may have not yet established a high level of 'group safety' for it's members. Consequently it is likely that group members will be fairly cautious in their contributions and less likely to take 'risks', resulting in the dominant view being promoted as the group view, rather than a

diversity of views which might emerge later in the group's life. Groups can be very supportive environments, but they can also be very competitive and researchers need to guard against drawing hasty conclusions.

The lesbian and gay deaf groups I interviewed were already established and at different stages of their 'group life'. One of the groups had been running for a number of years and, not surprisingly, this was reflected in a high degree of confidence amongst group members in accommodating the research interviews, as well as in the level of sophistication of the discussions. It was not my intention to attempt to evaluate group processes, I was more concerned with the experience of group members with regard to the Deaf community, but an appreciation of group processes was vital to the research to avoid misunderstandings and enable the gathering of good quality data. I gathered some extremely rich data: individual stories firmly located within the Deaf community but with a wide ranging resonance within a wider social context, and clear testimony from group members about the importance of 'belonging' for psychological well being, as well as formulating agendas for political and social change.

PSR emphasises the importance of openness in the process and enabling the subject's voice to be acknowledged. The process of moving from an abstract, theoretical, phase of PSR to an active, practical phase is one of constant negotiation. It is not enough to simply hand over all the decisions and responsibilities to respondents, whether or not they are in a position to accept them. Neither is it adequate for the researcher to make the decisions about which responsibilities the respondents are able to accept. On the one hand it could constitute benign neglect, on the other 'false generosity' (Freire, 1972). What is required is much more difficult because it means that the whole process is open to negotiation and responsibilities are allocated to those who can most effectively undertake them.

I argued with the lesbian and gay deaf groups I interviewed about writing up the discussions on AIDS because of the negative social construct of it as the 'gay plague'. I was persuaded by them to include it and had to defend that decision when challenged by some of my colleagues. It was a decision borne not of an exercise of institutional power on my part, or of uncritically accepting the respondents viewpoint, but of a robust process of negotiation. There are similarities here with social work practice:

> Asking clients to speak remains a fundamentally important research task. Adding theory to the client's view not only tells us how practice is experienced but also helps us to understand something of the nature of social work itself and the times in which it was formed (Howe, 1990, p.76).

Without question working within a PSR approach is a demanding way of researching. As well as challenging some of the 'sacred cows' of positivist research, such as 'value neutrality' and scientific 'knowledge', PSR demands constant vigilance on the part of the researcher and a large measure of flexibility in working with the research process. Of course, the research timetable can be significantly affected, but only if the expectation is of a rigid, top-down approach to conducting the research. Additionally, there is the importance of writing up the research. How many projects are started, but not finished, or finished but not (fully) written up. Writing up is a key ingredient of a PSR approach because an essential part of any project must be a contribution towards social change. Doing the research is not enough, and may be counterproductive by being unnecessarily intrusive and wasting valuable resources. There are benefits to be gained from a PSR approach to researching with groups which are unlikely to be realised by a project which focuses upon individuals. The anti-oppressive principles that underpin PSR provide a firm platform for progressive research with groups. The researcher is obliged to become part of the process rather than simply managing it. The power therefore, lies with the group, which is largely self-selecting and working on it's own agenda. Consequently, the data are likely to be richer and more accurate, and more truly representative of that particular group. There is also an increased possibility that the research will contribute towards the development of social and political agendas by and for the group, rather than the outcomes being predominantly for the benefit of the researcher, leaving the group at best where it was, at worst feeling used and disappointed.

Participatory Social Research is not necessarily more expensive or more complicated than traditional approaches. Neither does it belong in debates about specious notions such as 'political correctness'. It is a valid social scientific approach to research which demands discipline and attention to detail, and commitment to the principles of anti-oppressive practice. The challenge therefore, to the research community is multi-faceted: to continue to develop ways of researching with groups, and to pay attention to the dissemination of the methodology as well as the findings; to find innovative ways of

teaching research and of enabling young researchers to develop progressive practice; and, to educate institutional decision makers, whether they be funders or university managers, of the benefits of a PSR approach and the need to employ a longer-term view.

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Empowerment, Identity and Participatory Research: using social action research to challenge isolation for deaf and hard of hearing people from minority ethnic communities

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ABSTRACT *This paper considers the practice of empowerment within a social action approach, and the importance of an analysis of issues of identity, for an understanding of the experience of individuals and their communities. The discussion is grounded in the experience of conducting a research project on the '... needs of deaf and hard of hearing people from minority ethnic communities', living in the London Borough of Merton.*

The theme of 'isolation' is taken as a focus for the discussion. It was identified by respondents to be of central importance to an understanding of their experience. The Social Model of Disability and the concept of Deaf Culture are used to explore the complex set of relationships that characterise the day-to-day reality for deaf and hard of hearing people from minority ethnic communities, and recommendations are made to assist researchers and service providers in developing a more empowering practice.

Introduction

This article is an attempt to explore some of the complexities that confront researchers, and service providers, when trying to understand the needs and aspirations of people within their communities.

The extent to which individuals will identify with their communities will vary according to their circumstances. Identities are formed, contested and negotiated as a result of a wide range of forces, and the often-defining characteristic is that of *difference* (Woodward, 1997). For deaf people the concept of difference can be multi-layered. Their deafness can be a feature that marks them as different from other members of their local community, and, if being a *deaf* person is important for

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their sense of identity, may also be separated from other deaf people who relate more to the hearing world.

In adopting an approach, such as Social Action, that promotes empowerment and user-participation, researchers must take full account of the network of differing levels of power that exists in relationships, not only between service users and providers, but also *within* the communities of services users *and* the agencies of service providers.

I will begin with a brief outline of the project; separately explore the concepts of *empowerment* and *identity*, then contextualise the implications by highlighting one of the major themes to emerge from the research—*isolation*.

The Merton Project

The Centre for Social Action at De Montfort University (Leicester), was commissioned by the Housing and Social Service Department of the London Borough of Merton to:

> • ... investigate the feasibility of developing culturally and linguistically appropriate services for deaf, and hard of hearing people from minority ethnic communities living in the London Borough of Merton.
> • To review the current provision to establish the needs and preferences of service users, and recommend future service development.
> • To identify the gaps in services and how deaf and hard of hearing people from minority ethnic communities can be encouraged to seek advice and support to enable them to have full independence and ready access to services.
>
> (Taylor & Vig, 1997)

The research project was conducted between May and September 1997, as a development of Merton's Care in the Community strategy. Whilst there had been a limited consultation exercise with deaf people in Merton in 1995, as part of a wider consultation with disabled service users, no previous work had been undertaken with regard to deaf people from minority ethnic communities.

The population of Merton is diverse and the minority ethnic communities are well established. During the period of the research contact was made either by letter, telephone or interview, with 66 minority ethnic community groups, as well as public service providers (including health as well as social services and housing), voluntary agencies, General Practitioners and, of course, service users themselves. The key themes to emerge from the research were:

1. Information and communication.
2. Access.
3. Joint working.
4. Isolation.

Whilst it is possible to identify these as discrete areas for analysis it is also the case that there are many points at which they overlap, and the concepts of empowerment

and identity are of central importance to an understanding of their relevance to the experience of deaf and hard of hearing people from minority ethnic communities.

Social Action Approach

The Social Action approach to research is a direct challenge to traditional research methods, which can be '... oppressive, both of themselves, and of disabled people being studied' (Moore *et al.*, 1998, p. 20). It is an approach to research which has developed within a changing paradigm of practice in the field of social welfare which rejects individualising and pathologising models of practice (Williamson, 1995) in favour of exploring the views of service users as a means of setting an agenda for social change. The relationship of research *and* practice as instruments of social change is essential within the Social Action framework, which emphasises the concept of the *research-minded practitioner* (Everitt *et al.*, 1992), working in partnership with service users.

> First, it is the responsibility of researchers to set in motion a process of participation whereby people identify and define their needs, and work on common issues that can become agendas for change. Second, this means that, although special skills and knowledge are employed, these do not accord in privilege and are not solely the province of professionals. In effect, the research methods should reflect non-elitist principles and enable service users to empower themselves to make decisions and control outcomes. (Ward and Fleming, forthcoming.)

A primary focus of the Merton research was to ascertain the views of deaf and hard of hearing adults. This to include the whole range of deafness and all minority ethnic communities in the Borough, within the context of the available information about these groups of people being severely limited. In the normal course of events, the Social Action approach would begin with service users, in this case deaf and hard of hearing people, and use that stage of the process to inform the rest of the research. In this case there were no readily available individuals or groups of service users, or specifically established services to deaf and hard of hearing people from minority ethnic communities to evaluate, from which we could proceed. This is important with regards to the methodological framework, and also in terms of measuring progress both in the research and the future development of services.

With the understanding that communities vary in their views and practices in relation to health and welfare professionals and community consultation, we approached community leaders, first to gain their support and seek advice on how we might conduct the research within their communities. In all, we contacted, either by letter, telephone or interview, 66 different minority ethnic community groups. Each group was sent an information pack about the project, which included some general material about deafness, and an interview schedule was used for telephone and face-to-face interviews.

Contact was also made with service providers in Health, Social Services and the

Voluntary sector comprising 25 in total, an interview schedule was used as a basis for the discussions.

General Practitioners were also contacted (thirty-four, the total number covering Merton) with an information pack and a questionnaire.

It was clear from early in the research that it would be necessary to undertake a lot of foundation work. The resources of some key organisations were not being used, such as the local Race Equality Council, The Ethnic Minority Centre and the local library. We started the process by making contacts, giving out basic information on deafness and generally raising awareness to some of the issues. By way of 'modelling' a possible process of consultation, we worked with all interested parties by producing leaflets for display in prominent places, such as GP surgeries and the local library, and by organising presentations.

Gradually, we were able to establish contact with deaf and hard of hearing people from within the minority ethnic communities. It was essential that their views were not simply incorporated into the project, but became a central focus for the activity of the researchers.

Towards the end of the Merton project we organised a consultation workshop where we invited everyone who had been involved in the project, as well as those people who had not been involved but wanted to make a contribution. This was essentially to present the findings of the research to ensure that we were accurately representing the views of those people who had made a contribution, and seek some consensus on what was presented in the final report. Fifteen people attended the workshop, a mixture of service users, community leaders and service providers. Whilst this might not seem like a huge response it was 15 more than had ever gathered together before to discuss these issues, and an important spin-off was the formal and informal networking that started at that workshop, a vital step in addressing isolation.

Social Action and Empowerment

The Social Action Approach

> ... is one that seeks to empower residents and service users to define their own needs ... It builds upon participants' (providers', potential service users' and users') own experience and understanding. It offers concepts with which people can engage and apply to their own circumstances. (Taylor & Vig, 1997.)

Social action is an 'inclusive' rather than an 'exclusive' approach that identifies service users as central to the solution of social problems and not simply as victims of social ills. It is a philosophical, rather than a methodological, position that emphasises collaboration and a shared ownership of the research process, and therefore the outcomes of research. Central to an understanding of a Social Action approach is the concept of empowerment. Generally speaking, empowerment is viewed as a 'good thing'. In fact, it has become almost symbolic of any professional practice that claims to be progressive or, at least, socially aware, and it is also a term

that is not often defined. It is described as '... seeking to maximise the power of clients and to give them as much control as possible over their circumstances' (Thompson, 1993, p. 80), as 'becoming powerful' within a framework of self-help (Adams, 1990); and as 'most closely associated with community development approaches and is characterized by an explicit anti-oppressive stance to working with vulnerable groups in society' (Hart & Bond, 1995, p. 44).

Central to all of these interpretations of empowerment is an understanding that society is founded upon structured inequalities (Taylor, 1996), and that a shift in power from service providers to service users is necessary in order to begin to address systematised disadvantage.

This is a rock upon which many a good intention founders, the principle difficulty being that service providers are generally employed by or agents of the state, which is conservative by nature, and power in the hands of marginalised groups can lead to a direct criticism of established practices and challenge service providers to consider whose side they are on (Taylor, 1993). Oliver articulates this most graphically in relation to services for disabled people:

> Economic structures determine the roles of professionals as gatekeepers of scarce resources, legal structures determine their controlling functions as administrators of services, career structures determine their decisions about whose side they are actually on and cognitive structures determine their practice with individual disabled people who need help—otherwise, why would they be employed to help them? (Oliver, 1990.)

This appears to be a damning indictment of all professionals with responsibility for services for disabled people, but as Oliver points out; they are as trapped in this dependency-creating relationship as their disabled clients are. This is of central importance to an understanding of the service provider/service user relationship, and it is an idea that helps us see power as a complex problematic within an ever-changing set of relationships.

Unlikely as it may appear this construct of the professional/service user relationship also enables us to draw a specifically practical focus on power or, more correctly, the exercise of power. The American sociologist C. Wright Mills developed a particular view of power in the political system in his analysis of the workings of government in the United States (Mills, 1956), which is helpful here. Mills was less concerned with an abstract analysis of power and emphasised the importance of how and by whom power was exercised. He developed the notion of the 'Power Elite'; the centralising of power in the hands of senior politicians, big business and the military, and an increasing interconnectedness between those three spheres. Furthermore, he identified that the people in charge of these power blocks are drawn from similar backgrounds and hold similar views.

This 'Power Elite', according to Mills makes all of the important decisions that affect American society, whilst being divorced from the day-to-day experience of most Americans. Mills claimed that democracy is a 'sham', in that the voice of the people exercised through the ballot box is ignored in favour of the interests of what he referred to as the 'big three'. This is managed by ensuring that the

decision-makers are not readily accessible to the people whom their decisions affect. They are buffered by what Mills described as a middle layer of power, people who may be directly elected by the masses and technically accountable to them. However, according to Mills, they hold no real power, as their role is to carry out the wishes of the 'Power Elite' and manage the communication of such wishes with the general population.

We are, of course, familiar with concepts of class and class struggle in British society. However, Mills is not describing the workings of a feudal economy. In any case, the British aristocracy has long ceased to have any serious political influence. Mills talks about an America that, whilst holding on to a notion of being a liberal democracy, has become a place where significant power is only exercised within an institutional setting. It is therefore not a hangover from an old order, but a developing model for future social and political arrangements. The dominant position of the United States within a framework of globalisation means that, whilst the McDonaldisation of the world may be criticised, it cannot be ignored. Indeed, the 'special relationship' that existed between the United States and the United Kingdom during the Reagan–Thatcher years is a testimony to how quickly an essentially conservative country like Britain can change.

A demonstration of how one of the worlds leading democratic powers can find itself compromised by big business, even over something as crucial as health policy, is provided by the Formula One/tobacco advertising affair. In this case, the New Labour government, following a landslide election victory in 1997, were determined to take swift action on health issues and decided to implement a ban on all tobacco advertising in sport. This was very quickly modified in the case of Formula One Racing, which is very heavily sponsored by the major tobacco firms, to enable them to phase it out over a much longer period. The government were accused of backing down to big business, and they were further embarrassed when it was revealed in the national press that Bernie Ecclestone, the British owner of Formula One Racing, had made a £1,000,000 donation to the New Labour Party funds. The money was subsequently returned, but the question about undemocratic influence remains.

The implications of this analysis for deaf and hard of hearing people from minority ethnic communities is that they are unlikely to hold any institutional power, their access to the decision-making process is likely to be severely limited, and the representatives of government with whom they are most likely to come into contact will be what Mills refers to as the 'middle layer' who are themselves essentially powerless. This is nothing new, but it does require us to explore the notion of empowerment in more detail. Using the concept of the middle-layer (including local politicians, service providers and, more to the point here, researchers) what exactly is the nature of the power that is under discussion? And, exactly how is it transferred?

Power and Disability

These questions can be usefully explored by employing one of the central planks of a Social Action approach to research in the field of disability; the Social Model of

Disability. The social model of disability emerged in the 1960s and 1970s as a result of disabled people wishing to take control of their own lives by shifting the focus onto social, rather than biological factors in understanding disability (UPIAS, 1976) The work of Vic Finkelstein (1980) and Michael Oliver (1990) has been particularly influential in establishing a discourse of disability which highlights the social barriers that disabled people face, and develops a political framework within which disabled people can positively locate their experiences. The social model directly challenges existing theories of disability, particularly the Medical Model of disability, which locates disability firmly with the individual by focusing on bio-medical factors. Disabled people are viewed as dependent upon medical or other health professionals to provide appropriate treatment to reduce the effect of disability. The medical model is underpinned by the personal tragedy theory of disability, which suggest disability is some terrible chance event that occurs at random to unfortunate individuals.

In contrast, the social model constructs disability as a consequence of the physical and social restrictions society imposes on disabled people, such as inaccessible public buildings and segregated education (Oliver, 1996). The individual experience of the disabled person is located within a wider societal framework, and is used to highlight the oppressive nature of a society that restricts the full social integration of disabled people. The Social Model of Disability endeavours to transcend negative images of disabled people and identify them as a diverse group of people who have a genuine role in society and rights as citizens. The implications for disability research are quite stark:

> As a starting point in any research, the theoretical model which underpins a project is always at issue. The language and discourse of disability research often shows investigators to be operating from *medical* and *individual* models of disability in which disability is seen as intrinsically related to a person's impairment. Within these approaches, the experience of disability is seen to stem from the individual, and consequently an individual-blaming philosophy informs research design. More dangerously, however, as all self-respecting researchers know, research design moulds research findings. Any research which is based on an individual model of disability will inevitably recycle individual-blaming images of disabled people and consequently inform relevant practical and policy issues in highly auspicious ways. (Moore *et al.*, 1998, pp. 12–13.)

By incorporating a *social model* of disability, researchers using a Social Action approach are obliged to locate service users as *central* to the solution of problems and not simply view them *as* the problem. Against the background of the major social institutions, such as health, education and welfare, researchers in this situation hold very limited power. Using Mills' framework they are part of the 'middle layer'—employed by, and accountable to, the 'Power Elite'. However, people in the middle layer are also in a key position in terms of carrying out the wishes of the dominant group, and therefore have some measure of control over the communication between the service providers and the service users.

Furthermore, the policy-makers (the power elite) have decreed that service providers will establish a dialogue with service users in respect of the development and deployment of services, and this is a requirement of the National Health Service and Community Care Act (1990) . Despite the fact that 'There is little evidence that disabled people are being involved in the planning and delivery of services in the way that legislation requires' (Oliver, 1996, p.57), the Act offers, at least in theory, an opportunity for the voice of the service user to be represented. As working in partnership with community members and service users in order to represent their views is a primary aim of a social action approach (Fleming & Ward, 1995) this would identify it as an ideal method of research/community consultation.

Furthermore, a questioning professional voice can be effective in these particular circumstances, when service users may lack the facilities or opportunities to adequately present their case. Members of minority ethnic communities in Merton complained that service providers did not consult them, and that there were no forums for discussions about the development or delivery of services. We did, in fact, discover one established group where discussions of a general nature should have taken place, but it was clearly not considered to be of sufficient standing by the community representatives we contacted. There were, indeed, no formal or regular points of contact between service providers and the communities to discuss issues regarding deaf or hard of hearing people.

In one particular instance, we were able to establish an information exchange forum between the social worker with deaf people, and a group of deaf and hard of hearing Asian elders, a particularly isolated group. This was very successful as an example of how community consultation and service provision can be combined, and all those concerned were keen to maintain and develop that particular link. An essential ingredient of the social action approach is to explore and develop participatory models of practice in situations where very little or no work has been attempted. It was clear to us that there was some enthusiasm for change in Merton and, remarkably given the lack of services, a fair measure of good will. It is most unlikely that a more traditional approach to research would have led to this kind of development, whereas it is fundamental to a Social Action approach.

This is not to claim that the Social Action approach is a panacea for all social ills, or even that it completely overcomes the issues of power and the transfer of power inherent in Mills' model. However, it does maintain a clear political line with regards to the rights of service users, and promotes a practice that is consistent with progressive social change and a framework within which power can be transferred, when the appropriate conditions prevail.

Issues of Identity

Identity is, of course, a key element of subjective reality and, like all subjective reality, stands in a dialectical relationship with society. Identity is formed by social processes. Once crystallized, it is maintained, modified, or even reshaped by social relations. The social processes involved in both the formation and maintenance of identity are determined by the social

> structure. Conversely, the identities produced by the interplay of organism, individual consciousness and social structure, react upon the given social structure, maintaining it, modifying it, or even reshaping it. (Berger & Luckman, 1967, p. 194.)

The issues of identity in the Merton project are as complex as those of empowerment. There are the crude identities of service provider and service user, within which exists a range of cultural, organisational, formal and informal identities. Berger and Luckman draw a distinction between identity types, what they refer to as 'collective identities', which have an historical basis (such as the differences between people of different countries) and those identities which emerge from the relationship of the individual with society.

The importance of identity is that reality is constructed around our understanding or belief of the nature of the other person or a group of people. For example, British people may hold a particular view of French people based upon hundreds of years of armed conflict and competition over world markets. This view will be applied generally to all French people and it will be reinforced by identifying those characteristics that support it, such as the action taken by French lorry drivers in blockading Channel ports to the detriment of British merchants. Regular readers of the tabloid press in the UK could be forgiven for thinking that French lorry drivers spend most of their time creating traffic jams at French Channel ports simply to cause inconvenience to holidaymakers and damage the British economy. The historic and cultural reasons why French people take to the streets to demonstrate their political dissatisfaction are usually ignored, as are the economic arguments put forward by French lorry drivers engaged in a political dispute. Only the characteristics that fit with the identity type are identified and the type is maintained. As such, identity types are relatively stable and assume the status of social reality.

According to Berger and Luckman, how an individual fits within the social structure is a product of ongoing negotiation. For example, the behaviour of a gay or lesbian person within a society based upon religious fundamentalism will be interpreted within a strictly moral framework, probably as deviant or as mentally unstable. The behaviour of the individual is interpreted within the prevailing wisdom of the dominant group in society.

These perspectives are relevant when we consider how a deaf person from a minority ethnic community might be viewed within British society. There are issues of racism, which contains some major identity types. That Britain is a racist society is well documented. According to Thompson (1993):

> Racism is built in to the structure of society and its dominant institutions. The discrimination and oppression experienced by people from ethnic minorities is not simply individual prejudice but rather a reflection of discriminatory structures and institutional practices. (Thompson, 1993, p. 61.)

Indeed, as Fiona Williams comments, the most powerful elements of society appear to be in concert in oppressing minority ethnic communities:

> Many accounts of the Black experience of welfare and the state give a clear picture of the state and capital continuing to oppress and exploit Black people, with the welfare state giving them a helping hand. (Williams, 1989, p. 143.)

Whilst there is little need to develop a detailed analysis of racism in Britain for the purposes of this paper, it is important to explore some of the issues around cultural and community identity. The notion of there being *an* ethnic minority community is, of course, inaccurate. There are a number of distinct minority ethnic communities in Britain, a diverse population who can only be identified as a group when compared with the indigenous dominant population. Stuart Hall makes the point that a notion of English ethnicity, with its roots in a socially constructed sense of an English identity, is the basis for racism in Britain today (Hall, 1996) . He identifies a shift in emphasis in 'black' cultural politics when issues of 'race' became framed within the politics of anti-racism:

> Politically, this is the moment when the term 'black' was coined as a way of referencing the common experience of racism and marginalization in Britain and came to provide the organizing category of a new politics of resistance, among groups and communities with, in fact, very different histories, traditions, and ethnic identities. 'The black experience', as a singular and unifying framework based on the building up of identity across ethnic and cultural difference between the different communities, became 'hegemonic' over other ethnic/racial identities—although the latter did not, of course, disappear. (Hall, 1996, p. 441.)

Indeed, separate ethnic identities are alive and well, and living in Merton where there are more than 60 organised minority ethnic groups, each with its own identity and reasons for wanting to be distinct from other organised groups. The minority ethnic population of Merton is 16.2% (London Borough of Merton, 1995) and in some parts of the Borough is as high as 45%. Despite a significant minority ethnic population represented by a number of organisations based in the Ethnic Minority Centre, it is clear that members of minority ethnic communities have little influence on the kind of services that are available, and limited opportunities for engaging in dialogue with service providers.

It is also appears that very few people from minority ethnic communities actually work for major public service providers (health, social services and housing) in Merton, certainly in management positions. (Although it has to be said that this is a subjective judgement based on the fact that we did not encounter *any* during the period of the research, rather than on documentary evidence.) Community leaders in our discussions with them frequently raised this point. There is little opportunity, therefore, for members of minority ethnic communities in Merton to identify with service providers. Alcock (1996) suggests that because the majority of black people in Britain arrived after the setting up of the welfare state, this 'invited an assumption by some' that public services were not intended for black communities, that they would not be interested in using them, and also that they were not entitled to as they

had not contributed to their development. This has led, Alcock argues, to Britain's black populations becoming suspicious of the local state provision, and this must be a key to some of the marginalisation experienced by members of the minority ethnic communities in Merton. First, at a policy level. Part of the brief was to 'find out' to what extent current services were appropriate for the needs of service users and how they could be developed. The service providers who commissioned the research had appreciated the need for change, but were unclear about the extent and the direction. Secondly, at a service delivery level. If the prevailing model of services is consistent with the critiques of state welfare offered by Thompson (1993) and Williams (1989), then the members of several minority ethnic communities will have their needs marginalised. The over-representation of black people in mental hospitals as a result of misdiagnosis (Cope, 1989) is a testimony to this.

There are also issues which are specifically related to deafness, and images of deaf people in society. Deafness is a general term that, without qualification, is not very helpful. It refers to a section of the population who, whilst they may be identified with each other through hearing loss, are as diverse as the rest of the society they live in. Sign Language research in the 1970s has identified clear linguistic structures that identify them as discrete languages; different from the spoken languages with which they co-exist (Lawson, 1981) . Indeed, sign languages in different countries are as different from each other as they are from their spoken counterparts. Brennan (1987) comments that hearing people are usually not surprised to hear that deaf people communicate through sign language, but struggle to understand why there should not be a universal sign language. There is, in fact, an international sign language that is sometimes in evidence at international deaf gatherings, but it is the linguistic equivalent of Esperanto rather than a unique culturally specific language. The dominant language of the United Kingdom is spoken and written English. But, the first language of deaf sign language users is British Sign Language (BSL), which is as different from English as English is from other spoken and written languages. BSL has been defined as:

> ... a visual-gestural language used by many deaf people in Britain as their native language. The term 'visual-gestural' refers both to the perception and the production of BSL: it is produced on the hands and the rest of the body including the face. (Deuchar, 1984.)

The development of BSL has led to a sense of community and cultural awareness amongst deaf people, and a significant distinction between those deaf people who consider themselves as 'culturally deaf' and identify BSL as their first language, and those deaf people who identify primarily with the hearing community (Padden, 1980; Kyle, 1986; Ladd, 1988). For this reason, deaf BSL users do not generally think of themselves as disabled, but as a member of a linguistic minority. It is estimated that approximately 1 in 1000 per head of population in the UK use BSL as their only or preferred language. It would appear, therefore, that a primary use of BSL would identify one group of deaf people as a cultural and linguistic minority, and others who do not use BSL as part of the wider disabled community. This would imply that deaf sign language users have rejected the Medical Model in

relation to deafness, but are prepared to allow it to remain intact for other groups of disabled people (Finkelstein, 1990). However, as Corker states:

> ... it must be emphasized that *all* deaf people have, in different ways, posed challenges to our thinking about disability, particularly in relation to how disability should be defined. They have also questioned whether or not existing definitions, such as those described by disability legislation or the social model of disability, can include the diversity of deaf experience in a meaningful and acceptable way without discrediting the considerable advances which have been made by both deaf and disabled people in terms of self-definition, self-determination and political action. (Corker, 1998, p. 6.)

Corker argues that the 'deaf or disabled' debate reduces the chances of significant social change for either deaf or disabled people, based, as it is, on a notion that there is a particular identity for deaf people to aspire to—a member of a linguistic and cultural minority. The two opposed positions (deaf *or* disabled) are too simplistic, she claims, for what is a very complex set of relationships. Consequently, many common areas between deaf and disabled people are either 'disguised or ignored', and many deaf people are forced to either accept the dominant notion of identity within the deaf community or become marginalised as a result.

Furthermore, this concept of a linguistic community of deaf people becomes problematic for deaf people who have a cultural and linguistic background other than that of white British. Previous research (Taylor & Meherali, 1991) reports that deaf people from minority ethnic communities are more likely to identify themselves as a member of their ethnic group first, and are less likely to mix with the (white) deaf community where they encounter systematic racism.

> I try to learn from other Black Deaf people to be strong. It's difficult sometimes to sort of be in the white deaf community and you have to learn how to be very strong. (A black deaf man, in Taylor & Meherali, 1995, p. 18.)

It was clear that whilst collecting the data for that 1991 study that black deaf people were only conditionally welcomed into deaf clubs, the centre of most deaf community activities. They were expected, by the dominant white deaf members, to adopt an 'English' way of life and accept English customs. In one extreme example, a club where more than 50% of the members were black did not have one black person on any of its committees. This, despite the open acknowledgement that the club would not be viable without its black membership. There was a different level of acceptance between African-Caribbean and Asian deaf people. There were many examples of African-Caribbean deaf people (particularly young men) being excluded from deaf clubs, where this was not the case with Asian deaf people.

This may be explained by reference to Berger and Luckmans notion of 'collective identities', and a deeply held racist view of people of African descent. Whereas Asian families in Britain are pathologised as repressive institutions, particularly to women, in need of particular forms of social intervention, African-Caribbean famil-

ies are pathologised as fatherless arrangements where the children, particularly the boys, are out of control (Taylor, 1993). Such views are held at a 'commonsense' level and are quite resilient to change even in the face of contradictory evidence.

Isolation, Identity and Power

I will now turn to one of the major themes of the research in Merton in order to illustrate some of the issues of complexity involved in this kind of research and how a social action approach might overcome some of the problems.

It was apparent from early on in the research that isolation was an issue. This was demonstrated in a number of ways: there is the isolation of hard of hearing people attempting to maintain their stake in a hearing dominated society. A deteriorating hearing loss exacerbates this isolation, particularly when it is associated with the ageing process, and a gradual decline into what the hard of hearing person might perceive as being a stigmatised role in society. A minority ethnic identity and dependence upon public services which are dominated by the indigenous population is further isolating. The hard of hearing elders group were classically entrenched in this position and isolated by it.

For those who are born deaf, particularly sign-language users, segregation and isolation begins at an early age. They may have been educated some distance from where they live, in which case they may find it difficult to establish any sort of local peer group. They may have been 'integrated' into a local school, this usually means without adequate facilities for their education and without reasonable access to others like them with whom they can communicate. The school to work/tertiary education transition was a particular issue for respondents in the research. A lack of information or support services for deaf and hard of hearing school leavers, coupled with very low expectation on the part of their own families and communities, had produced some very isolated young deaf adults.

Furthermore, in some minority ethnic communities a child born deaf is often isolated within their own community, as their deafness is seen as a stigma and a form of divine retribution (Taylor & Meherali, 1991). There were many examples in the Merton research, where hearing members of minority ethnic communities talked about the 'shame' of deafness. A high level of overt racism, which appears to characterise deaf clubs, is a further barrier to minority ethnic deaf people accessing their local deaf community and this was borne out in Merton by the absence of a minority ethnic presence in the local deaf club.

Service providers also demonstrate their own isolation in their lack of knowledge and influence outside of their own sphere of operations. It is also clear in the way that they were unable to develop their own services, particularly in relation to deaf and hard of hearing people from minority ethnic communities, despite the fact that they had a willingness to do so and ideas for improvements.

These different meanings and experiences of isolation constitute a network of disempowerment, which consequently offers a complex set of challenges to the researcher. There is no single technique or research method that will empower such a disparate range of individuals, with their attendant range of perspectives on what

the problem is. This is why social action is relevant, being more of a philosophical than a methodological approach, and a range of methods must be considered. Whilst in practice, most social action researchers tend to use qualitative methods there is no reason why a combination of methods cannot be employed (Thomas, 1993), and in the Merton project we used both qualitative and quantitative methods. Of over-riding consideration is the 'critical' framework; the understanding that society is structured upon oppressive social institutions, such as welfare, education, medicine and that it is the role of the social action researcher to reveal the workings of those oppressive structures (Harvey, 1990; Carspecken, 1996). All of those involved in the Merton project had differing relationships with the power of the decision-making process, depending on whether they were service users, community leaders or service providers. The service providers had practically no knowledge of deaf and hard of hearing people from minority ethnic groups, and what became abundantly clear was that community leaders were in the same position, which makes it difficult for service users to express their needs. The term 'service user' is, of course, not accurate in this context. Deaf and hard of hearing people from minority ethnic communities in Merton are, by and large, not using any services and are not known to service providers. The key to the social action approach is making the views of the service user known, and the most effective way this could be achieved in Merton was to work with the communities. Therefore, community leaders and their organisations became the starting point for the project.

The single most significant recommendation we made from the research was the establishment of a Forum of service users, community leaders and service providers, where the development of services would be discussed. It is also, ironically, perhaps the most obvious recommendation to make. I would suggest that it is a symptom of the extent to which the different parties in Merton felt isolated from each other that even such an obvious first step could not be taken and that, perhaps, this is not surprising, given the divisive nature of structural oppression.

Conclusions

The issues that arose out of the Merton project are, on the one hand, unique to that set of circumstances and individuals, whilst also being relevant for all social research. Within a social action framework issues of empowerment must be addressed whatever the setting and the researcher must guard against reducing the complex network of ideas that constitute notions of empowerment to a simple set of actions. It is not sufficient to simply record and report the 'voice' of the user; it is necessary to theorise the data. This is not to say that the research should emphasise an abstract analysis of the data at the expense of the practical and real world considerations; rather that is should be dialectical in relating the experience of service users to wider social structures. As Harvey comments:

> Critical social research assumes that the world is changed by reflective practical activity and is thus not content to simply identify the nature of

> oppressive structures but to point to ways in which they can be combated through praxis. (Harvey, 1990, p. 32.)

The issues of identity in this case are particularly complex. They involve professional, racial and cultural identities, seemingly complicated by debates about disability and deafness, but this should not be an argument, or an excuse, for inactivity. To resolve the difficulties faced by deaf and hard of hearing people from minority ethnic communities in Merton and their respective communities, and public service providers, in the short term is clearly an impossible task. It was, however, possible to identify some common areas of concern amongst all of those involved that could constitute a short-term action plan, which is consistent with a longer term strategy for a major improvement in services. One such recommendation was for the establishment of a collaborative pilot project between the public service providers and the communities in an area of the borough with a significant minority ethnic population, which would build upon already existing community expertise and knowledge.

It would be a simple, but fruitless, exercise to attempt to apportion blame for the experiences of deaf and hard of hearing people from minority ethnic communities in Merton. There are plenty of targets for this kind of activity, but it would reduce what is a complex set of relationships to a binary opposition of oppressor and victim. Furthermore, notions of identity are historically specific and, if the object of the exercise is to improve the life experiences of a marginalised group, then deaf and hard of hearing people from minority ethnic communities must be given whatever assistance they require to find their own place in society.

> The 'raw materials' from which identity is produced may be inherited from the past but they are also worked on, creatively or positively, reluctantly or bitterly, in the present. (Gilroy, 1997, p. 304.)

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Helping Each Other: relations between disabled and non-disabled students on Access programmes

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ABSTRACT *This article highlights issues concerned with the nature of relationships between disabled students and their non-disabled peers in further education. An investigation of the relationships between disabled and non-disabled students is undertaken within a critical ethnographic framework. The interaction between students is located within a wider societal context, with a particular emphasis upon identifying the impact of oppressive social forces. Deaf students, and students with dyslexia are the particular focus of this article as a case study within a wider disability debate. The findings point to a lack of contact between disabled and non-disabled children in primary and secondary education as being an important factor in relationships between these two groups in tertiary education. A variation in experience is highlighted between the different colleges and also different Access programmes within the same institution, which raises questions about notions of fairness and equality within the Access system. Recommendations are made for the recruitment and induction of disabled and non-disabled students leading to a more integrated approach.*

Introduction

This article highlights issues concerned with the nature of relationships between disabled students and their non-disabled peers in further education. It is part of a wider study to investigate the experiences of dyslexic and deaf students enrolled on Access programmes at colleges of further education that are affiliated to De Montfort University.

Throughout the 1990s there have been attempts to improve the access opportunities into further and higher education for disabled students. The Tomlinson Report (HEFCE, 1996) recently recommended the move towards 'inclusive learning' for further education. Other developments within this sector have been through legislation such as the Further and Higher Education Act 1992, which requires the Further Education Funding Council (FEFC) to take regard of the requirements of disabled people when allocating funds to individual colleges. In the higher education sector, attempts to improve access have occurred through the Higher Educational Funding Council Special Initiatives (M23/96). These initiatives have required

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individual institutions to competitively bid for money from the funding council to establish a provision for disabled students within each institution. And, as a result of the introduction of the Disability Discrimination Act (1995), the Higher Education Funding Council for England (HEFCE) requires all universities to produce a Disability Statement 'to tell students and applicants with disabilities what facilities the institution can offer them' (HEFCE Circular 8/96).

These changes in further and higher education aim to make both sectors more accessible for disabled people. Therefore it is crucial to investigate the student experience to discover if such developments are contributing towards a *successful* experience.

This research has been conducted in two stages. The aim of the first stage was, with a particular focus on deafness and dyslexia, to establish to what extent disabled students were enrolling on Access programmes. This was achieved by conducting a series of unstructured interviews with key members of staff such as access, disability and learning support coordinators. One of the main findings to emerge from this stage of research was that staff had limited experience of dyslexic and deaf adults enrolled on Access programmes. The second stage undertook a more in-depth investigation of the experiences of deaf and dyslexic students. The relationships between students were a significant focus of this stage, in an attempt to provide a fuller picture of the experience of disabled students than would be the case by simply focusing upon services and educational provision. It is not an area that has received much attention, which is surprising when you consider how much time students spend with each other during a period in their lives which is often a time of significant life changes. This is particularly so with Access programmes, given that they are designed as a gateway to otherwise limited opportunities.

Defining Access

The purpose of Access is that it aims to attract 'specific groups of adults in the community which have been identified as under represented in higher education' (UCAS, 1996, p. 3). This interpretation ties in with the original aim of Access when it was established in 1978, which was to attract 'those groups who have been least well-served by the school system and who face particular barriers to entry to higher education' (Kearney & Diamond, 1987, p. 38). Therefore the goal of Access is to provide an entry route into higher education for non-traditional groups such as disabled people and ethnic minority groups.

However, issues of disability have received scant attention within the ongoing debates about 'widening access' until relatively recently. The Tomlinson Report (FEFC, 1996) concluded that there was an increase in opportunities for disabled students, largely because of the efforts of colleges, and, that the Council (FEFC) was discharging its statutory duty. However, the report also commented that the opportunities for disabled students were of a 'poorer quality' than those of their non-disabled peers, and that there were definite gaps in provision relating to profound and multiple learning difficulties, adults with mental health difficulties, and young people with emotional and behavioural difficulties.

The widening participation committee, chaired by Helena Kennedy QC (FEFC, 1997), was established in 1994, to identify:

a. those who do not now participate in further education;
b. those for whom the quality of participation indicated by completion and achievement rates are less than the norm for the sector;

how participation may be increased and the quality of participation improved; (FEFC, 1997)

Both the Kennedy and the Tomlinson reports emphasised the importance of the context of education, rather than the individual disability, and made recommendations for the restructuring of the educational experience. Indeed, Kennedy concluded that: 'Market principles alone will not widen participation' (FEFC, 1997), a sentiment more in tune with a social model of disability than the individualistic thrust to which education at all levels had been subjected by the previous (Tory) administration.

Social Model of Disability

The social model of disability emerged in the 1960s (Hunt, 1966) and 1970s (UPIAS, 1976) by disabled activists challenging the control that the quasi medical and social service professions exerted over disabled people. They used the medical and individual models to provide an alternative definition of disability. It was through the work of Finkelstein (1980) and Oliver (1990) that the social model of disability has established itself as an alternative in which disabled people can locate their experience. According to this model, disability is constructed through a society which does not fully take into account the needs of disabled people by imposing:

> ... restrictions ... ranging from individual prejudice to institutional discrimination, from inaccessible public buildings to unusable transport system, from segregated education to excluding work arrangements. (Oliver, 1996, p. 3)

The social model of disability is a holistic interpretation developed by disabled people to highlight their position in society. It attempts to collectivise and politicise disabled people by establishing an identity that provides a platform for demanding political and social change. Campbell and Oliver (1996) express the value of this interpretation when they state that the social model:

> ... freed up disabled people's hearts and minds by offering an alternative conceptualisation of the problem. Liberated, the direction of disabled people's personal energies turned outwards to building a force for changing society. (p. 20)

The social model highlights the areas in society where disabled people experience discrimination and provides an opportunity for disabled people to take collective action. By flagging up areas of discrimination, the social model attempts to achieve, for disabled people, the same citizenship rights enjoyed by non-disabled people. The

value of adopting this interpretation of disability is that it will help to identify the barriers that disabled students experience within the Access environment.

Methodological and Theoretical Framework

Critical Ethnography and a Social Model of Disability

A critical social research paradigm (Harvey, 1990), was adopted to explore the student experience of Access. More specifically, a critical ethnographic approach was adopted (Thomas, 1993; Carspecken, 1996). This approach was chosen because of the expected commitment of a critical ethnographic researcher to challenging oppression within contemporary society. Carspecken (1996) summarises such values:

> Criticalists find contemporary society to be unfair, unequal, and both subtly and overtly oppressive for many people. We do not like it, and we want to change it. (p. 7)

The commitment of critical ethnographers towards challenging oppression and changing society for the better also fits with the emancipatory approach of conducting disability research, as is evident with Oliver's (1992) definition of this paradigm:

> The emancipatory paradigm, as the name implies, is about the facilitating of the possible by confronting social oppression at whatever level it occurs. (p. 110)

With critical ethnographers adopting the values of the researched, there is a move away from a value-free approach towards conducting social research. It can now be interpreted as a method with a political purpose.

Bearing this in mind, critical ethnography is able to overcome some of the issues that emerge during disability research. In the past, disabled people have viewed disability research as playing a role in their oppression (Hunt, 1981; Morris, 1992). Barnes (1997) feels that if disability research is to fight oppression, researchers should move away from the idea of 'academic independence' (Oliver & Barnes, 1997) and move towards 'joining ... [disabled people] ... in ... [the] ... struggle to confront and overcome this oppression' (Barnes, 1997, p. 243). The value of critical ethnography for disability research is that it can assist in the fight for societal change (Thomas, 1993).

Grounded Theory and Critical Ethnography

A grounded theory approach was used for analysing the data. When examining the aims of grounded theory and its symbolic interactionist origins (Mead, 1934, Bulmer, 1969), it becomes clear that it is a method that does not directly fit into a critical ethnographic methodology. The difference between these two approaches is that grounded theory is the 'discovery of theory from data systematically obtained from social research' (Glaser & Strauss, 1967, p. 2). In contrast, critical ethnography

is a form of research that aims to invoke 'social consciousness and societal change' (Thomas, 1993, p. 4). One major difference between the two is that critical ethnography is politically committed research, whereas grounded theory is not.

Critical ethnography originates from an anthropological (Jordan & Yeoman, 1995) and Marxist (Delanty, 1997) tradition, whereas grounded theory originates from a symbolic interactionist tradition (Chenitz & Swanson, 1986).

The anthropological origins of critical ethnography can be traced back to the imperial period of the nineteenth century, where colonial administrators sought to describe, observe and collect information about the indigenous populations that they ruled. It is also influenced by Marxism, which views it as an emancipatory methodology that aims for social change (Delanty, 1997). Critical ethnography aims to achieve change by interpreting knowledge of the existing social order as critical, and through this action it seeks to reveal the system of domination (Delanty, 1997).

Symbolic interactionism, on the other hand, instead of trying to initiate change focuses on the meaning of events in natural or everyday settings (Chenitz & Swanson, 1986). This philosophical tradition originated with Mead (1934) and was further developed by Bulmer (1969). By focusing on the meaning of events symbolic interactionism aims to provide a theory about human behaviour that provides an opportunity 'to [...] study human conduct and group life' (Chenitz & Swanson, 1986, p. 4).

There is a potential problem with fit between grounded theory and critical ethnography because grounded theorists are more concerned with interpreting the meanings of everyday events, whilst critical ethnographers are attempting to locate those events within a network of oppressive societal forces. It is not necessary within a grounded theory approach to consider the wider implications of the research findings, whereas this is precisely the agenda within a critical ethnographic approach.

However, it is our belief that this difference is not irreconcilable. Critical ethnography and grounded theory operate on different conceptual levels. Whereas critical ethnography is an overarching perspective with a political agenda, grounded theory is more of an action-theory for research. The differences between the two can be addressed, and overcome to some extent, if the researcher pays close attention to the ethical framework of critical ethnography while conducting grounded theory analysis.

Grounded Theory and Social Model of Disability.

Similar issues arise when considering the interface between a social model of disability and a grounded theory approach to data analysis. The social model of disability interprets disability as a form of social oppression (Powell, 1998). This means that the value of using grounded theory analysis is that it will specifically highlight the oppression disabled people experience within this particular educational environment. The oppression will be revealed by highlighting, through practical examples, the barriers that disabled people face within the educational

environment. Corbin (1986) supports this view when acknowledging the value of grounded theory for the nursing profession.

> ... the advantage it offers the nursing profession is that it allows nurses to capture the complexity of problems and the richness of everyday life which make up so much a part of their practice. (p. 91)

With grounded theory being able to highlight the complexity of the environment under study, it can contribute towards further refining and developing the social model of disability (Artinian, 1986), thereby strengthening it as an explanation of disability. The value of grounded theory for the social model of disability is that it has the potential to provide an up-to-date explanation of disability, within which disabled people will be able to locate their experiences. Strauss (1978) supports this when he states:

> We are confronting a universe marked by tremendous fluidity; it won't and can't stand still. It is a universe where fragmentation, splintering, and disappearance are the mirror images of appearance, emergence, and coalescence. This is a universe where nothing is strictly determined. (p. 123)

Student Relations

We will now turn to one of the findings of the research, and the main purpose of this article: student relations. This represents a range of themes drawn from the interview data, which reflect the variation of experience between the respondents. While investigating relationships formed between respondents and other Access students different experiences emerged. Of prime importance to respondents were the issues related to disability awareness, both positively and negatively demonstrated by their non-disabled fellow students. This was often measured by the extent to which non-disabled students were willing to offer practical learning support, no doubt to help overcome the inadequate institutional provision. Another significant dimension of disabled students' experience in the research was the nature of their relationships with other disabled students.

Support from Non-disabled Students

When investigating support by fellow non-disabled students there was a range of examples given. One dyslexic respondent viewed her disability as an opportunity to provide and receive general support that helped to form good relations with fellow students.

> It didn't bother me because everybody else was doing the same thing, I passed it onto other people and vice versa. It was a good group, it was not because I was dyslexic it was because everybody else struggled in some way or another, so everybody was helping each other. (dyslexic female respondent)

She was open about declaring her disability because she felt that it was not an obstacle to forming good relations. A possible explanation for this is that disabled students often share similarly impoverished educational backgrounds with their non-disabled peers on Access programmes. Access was originally viewed as a 'second chance' (McFadden, 1995) for individuals who previously had a poor experience of education (Stephenson & Percy, 1989). It can provide an entry route back into education and 'another chance to do something better with their lives' (McFadden, 1995, p. 40). Disabled and non-disabled students in these circumstances may not view disability as an obstacle because both groups of students have similar goals that have been hampered by poor prior educational experiences. This suggests that disabled students within this educational environment may not experience the same level of personal prejudice that disabled people face in other areas of society.

After declaration of disability, the development of relations between students progresses a stage further. This is displayed by fellow students showing a supportive attitude as is indicated by one dyslexic respondent.

> 'How can we help?' was their attitude which was the general attitude through the course anyway. If you could help somebody you would do. We discussed everything. (dyslexic male respondent)

One of the clear themes to emerge from the research is practical learning support being offered to disabled students by their non-disabled peers. As one dyslexic respondent commented:

> Yes, I suppose so in the sense of like note taking. I could borrow people's notes if I had not got them. Sometimes I would have written absolute garbage down and would not have got anything right. (dyslexic female respondent)

Another example of support is respondents' work being typed by fellow students.

> There was this student girl she used to type my essays and actually got her a job, she was being paid which was really good. (dyslexic male respondent)

These responses demonstrate both informal and formal learning support being provided by fellow students. Taylor (1996) suggests that it is not uncommon for fellow students to provide their disabled peers with this type of support, such as offering to collect handouts and provide informal note taking. Both groups of students can benefit through this type of support by helping to develop their own learning skills and confidence. Cann (1985) supports this view.

> If opportunities are given for people to test their knowledge against others in a supportive environment then incidental learning can create general satisfaction. (p. 101)

As well as this type of support helping to develop a greater unity and togetherness within the student body, it also enables the disabled student to feel more included

and to develop good relations with others. A supportive approach results in the respondents feeling included within the student body. Stephenson and Percy (1989) suggest a supportive attitude is a common characteristic displayed by Access students irrespective of disability.

So is it the nature of Access that helps to draw students together, which therefore extends to include disabled students? This feeling of togetherness may be a result of the nature of the respondent's disability. It may be that non-disabled students find it easier to bond with dyslexic students than with students with other forms of disability. However, this sense of unity is contrary to what dyslexic people experience in society, especially in the workplace. Where it occurs, such positive actions may also have the effect of developing an individual's self-esteem (Stephenson & Percy, 1989).

The situation regarding deaf students was less positive, with very few examples of practical or ongoing support. Previous research that has included an element of student relations within further and higher education indicates that there are a variety of reasons why support is offered, and that it is usually conditional in its nature. Taylor (1996), in a study of deaf students who had experienced both further and higher education, commented that deaf students felt generally welcomed by hearing students, but that after a while their support was either less forthcoming or was only a feature of one small group with whom the deaf student had most regular contact. Taylor draws a distinction between campus relationships and social time, as deaf students almost never mixed with hearing students outside the college. Furthermore, deaf students reported that students in the 'caring professions', such as social workers or youth and community workers, were much more likely to demonstrate their awareness and be able to sustain a relationship with them. A reinforcement of a stereotype perhaps, but nevertheless reassuring.

Disability Awareness

By involving themselves in the practical activity of offering help to their disabled colleagues, non-disabled students may be demonstrating that they are open to developing their awareness of disability issues. This in turn can raise the non-disabled students' awareness within and outside the educational environment. Ash *et al.* (1997) supports this with their investigation of the disabled students' experiences of further education:

> ... they [non-disabled students] can start to learn everyday things about a disabled person. It does them good. They are learning as well as us. (p. 617)

Possibly the level of awareness displayed towards the dyslexic respondents is because fellow students are able to identify with these individuals because of their own poor experiences of education.

However, whilst there were many examples of non-disabled students demonstrating a positive attitude towards dyslexic students in the research, there were also

instances of the opposite. One respondent talked about herself and another dyslexic student being treated as an object of humour.

> They would play silly games such as not speaking to me or her today. Or if you are going for a break, I would say do you want a coffee and she would say I am staying and I would bring you one up. I would go down with them and they would look at me and then run out the door. (dyslexic female respondent)

Another respondent talked about fellow students not believing dyslexia existed.

> She was, very patronising; [saying] 'I can't imagine she's dyslexic the way she thinks she is ...' it was just too much. (dyslexic female respondent)

There was no suggestion from disabled respondents that this behaviour was vindictive, or even deliberate. The power of such negative behaviour is that it is oppressive in an unconscious, matter-of-fact, way. This may be attributed to it being the first time the students come into contact with a disabled person. The portrayal of disability in the media may also contribute to this lack of awareness. Hevey (1996) feels that in all forms of media disabled people have been represented as tragic individuals. Examples within literature are Richard III and Long John Silver. Modern-day media examples that have represented disabled people as tragic individuals have been the telethon fund-raising event (Morris, 1993). The significance of such negative representations is that disability is located within a medical framework by focusing on the individual and the body. This image is further shown in David Lynch's production of the *Elephant Man* (Darke, 1994). As a result of these negative images non-disabled people are likely to view disability as a tragic event and are therefore be inhibited from developing a positive sense of disabled people.

When investigating the experiences of deaf respondents they mostly talked of difficulties in forming good relations with fellow Access students.

> The other people on the course, much as they tried to make friends with me I would cut myself off, if anybody questioned about my private life I felt they were talking about me behind my back and stuff like that. Totally paranoid. I would have days off because I could not face going in. Really, really strange, but it felt like I had gone back to school. I did have real bad problems at school, and I think I left when I was about 13. It started when I was about 8, when I first wore a hearing aid. I had two big massive bulky hearing aids and I sat at the back of the class so nobody would see me. (deaf male respondent)

It is perhaps too easy to conclude that difficulties in forming relations between deaf and hearing students may be a result of communication problems between the two groups. The deaf student's need to withdraw could be interpreted as a coping strategy (Higgins, 1980) to survive within the hearing world. It may be an attempt to reduce the chance of stigmatisation.

An explanation for this strategy is suggested by Kirk *et al.* (1993):

> Most people who have severe hearing impairments still find that interaction with the hearing world is both painful and difficult. As a consequence, they segregate themselves as adolescents and adults. (p. 349)

It is not deafness itself, but the lack of awareness of deaf issues that is producing this obstacle between deaf and hearing students. This lack of awareness is displayed because hearing people often assume that everyone is able to speak and hear (Higgins, 1980). Because deafness is a hidden disability it is often not until a hearing person attempts a conversation with a deaf person that they realise there is 'something unusual' happening in the interaction. In these circumstances deaf people are usually more accomplished at managing the communication than the hearing person. Deaf people come into contact with hearing people every day and are used to the limited range of communication skills of hearing people. The hearing person, however, is often embarrassed and unable to achieve anything in the way of effective communication in these circumstances, and will usually want to withdraw as soon as possible.

It is against this background that the behaviour of deaf students must be viewed, and their reluctance sometimes to form relationships with hearing students assessed.

Relations between Fellow Disabled Students

Another interesting and significant area throughout the research was that of disabled students' relationships with other disabled students on their Access programmes. As far as we were able to ascertain, these relationships were always positively framed. One dyslexic respondent talked about her friendship with another dyslexic Access student.

> Like Sharon she stuck by me all the time we would do work together, study together, she saw me as me. (dyslexic female respondent)

Another dyslexic respondent would encourage students who felt they were dyslexic to be assessed.

> She even said 'I am sure I am dyslexic', and I said why don't you get a diagnosis. (dyslexic female respondent)

These responses highlight disability acting as a bond uniting those dyslexic students. A similar picture is created when you look at the experiences of deaf respondents.

> She linked onto me because by the second year I had grown. He obviously needs my help and every time I wanted to speak to him I would tap on his shoulder and he would turn and we would talk. (deaf female respondent)

This locates the disability as a device to create another community within the

student body. It is helping to create a subcultural identity between the disabled respondents. Becker (1963) supports this view when he states:

> Members of organised deviant groups of course have one thing in common: their deviance. It gives them a sense of common fate ... From a sense of common fate, from having to face the same problems, grows a deviant subculture: a set of perspectives and understandings about what the world is like and how to deal with it, and a set of routine activities based on those perspectives. Membership in such a group solidifies a deviant identity. (p. 38)

The respondents in our research experienced positive relations with their fellow disabled students, possibly because their disability acted as a form of cultural identity. The community formed amongst disabled students may be stronger because the individuals may feel more involved; therefore a greater sense of unity and identity would develop than with fellow non-disabled students. It may be that disabled students feel safer and more confident within their own communities because they are less likely to be stigmatised for being different.

Whilst students with similar disabilities appear to experience more positive relations with each other than with fellow non-disabled students, presumably because their disability is acting as a form of cultural identity, a question remains; is this the case when the disability is markedly different? There is some evidence from our study that some disabled students view disability as a shared oppression, and are more than willing to support each other regardless of the nature of their disability.

> She rang me up the other morning, and she had bruises on her back and she didn't know where they had come from. Everything she does, even if she bangs her arm on the table, it will come up as a bruise. She is really delicate, and she can't get out of bed, and she has to have help to get in the bath. And I suppose the more you realise you can't do things the more you just give up and submit to the position you are in, instead of fighting against it ... If I keep talking to her, and telling her, and reminding her of the person she really is, she might fight it. (deaf female respondent)

Discussion

Any investigation into the relationships between disabled and non-disabled students undertaken within a 'critical' framework cannot simply remain at the level of the interaction between students. There is a requirement to locate these relationships within a wider societal context, and identify how oppressive social forces may affect them.

A major factor, we would argue, in the relationships between disabled and non-disabled students is the previous relative lack of contact between the two groups, particularly during primary and secondary education. Attitudes about difference and disability are formed and reinforced through early life experiences, and this is precisely the period when disabled and non-disabled children are segregated from

each other. A form of educational apartheid exists (Leicester & Lovell, 1997), and is clearly an encouragement to the negative stereotypes towards disability that have developed within society. Conversely, it is also a period during which disabled children mix with each other, and may to some extent explain why some disabled respondents in our study demonstrated such a strong bond with each other.

This is not to say that relationships between disabled and non-disabled students are simply determined by early educational experiences, or that this will always lead to a uniformly bad experience for disabled students. Attempting to predict human behaviour is a thankless task, and this is particularly relevant in trying to gauge the reaction of non-disabled people towards hidden disabilities, such as deafness and dyslexia. Representations of disabled people tend to emphasise a visual reinforcement of impairment, such as a wheelchair, a prosthetic limb, a white cane etc. It is possible, therefore, that when non-disabled students meet disabled students with a hidden disability such as deafness or dyslexia an acute lack of awareness and a confused reaction may be displayed because the disabled person does not fit into the established image. Lindesmith *et al.* (1975) illustrates this point when he states:

> ... those they confront on a daily basis will 'appear to be normal'. They will walk normally, speak intelligently, not have sight or hearing impaired, have the usual level of physical stamina, and be able to follow the train of a normal conversation with relative ease. Any alteration in these attributes leads others to define these individuals in less than positive terms. (p. 535)

For example, when a hearing person is confronted by someone who is deaf, that deaf person will often be stigmatised because they do not conform to the assumptions of the wider social world (Higgins, 1980).

Respondents' accounts revealed quite a variation in experiences between colleges and Access programmes within the same institution. The contact with fellow students is key because it may help to determine whether or not a disabled student decides to progress with their education. It is therefore important for colleges of further education, and in particular Access programmes to recognise the unpredictability of whether or not a disabled student will have a positive experience. After all, Access was specifically designed around the notion that some people have not been best served by the education system, and it is therefore incumbent upon Access programmes at least not simply to replicate the conditions that perpetrated the initial disadvantage. However, we were alarmed when informed by one Access coordinator that, in her opinion, Access is in danger of doing this because it has become increasingly elitist, and:

> It certainly doesn't serve disadvantaged groups in the way that it was envisaged originally, as an alternative route.

Surely this is an unacceptable position, and one that is bound to impact upon relationships between students?

A positive way for colleges to address the area of relationships between their disabled and non-disabled students would be to raise and promote the issue of

disability awareness throughout the student body. There is a range of positive steps that colleges of further education can take to achieve this. One option would be to use disabled students, who have previously been enrolled on Access programmes, to talk to prospective or newly enrolled disabled students of their personal experiences. The value of this approach is that it would enable new students to better formulate their expectations. The use of previous students would also help to make new students aware of the support available for those experiencing difficulties and may assist the promotion of disability awareness of non-disabled students. The colleges could develop links with adult user organisations such as local adult dyslexia organisations and centres for deaf people. Another benefit of the development of such links is that they may also encourage disabled adults to return to education.

A similar approach could be adopted for the marketing of Access programmes, with previously enrolled disabled students outlining how Access can provide a specific entry route into higher education, designed to provide adults with a second chance irrespective of disability. The benefit of such a marketing strategy is that it may also attract more disabled students to Access while raising disability awareness.

The reasons for undertaking Access suggest that the respondents viewed it as an entry route into higher education. However, the failure of some Access programmes to appropriately locate disability issues and assist their disabled students to integrate with the wider student body suggests that some disabled adults may be discouraged from undertaking further studies. Certainly some of the deaf and dyslexic students in this research felt that previous negative educational experiences had been repeated, and were thus discouraged to continue.

Conclusions

Recent FEFC initiatives (the Tomlinson Report 1996, and the Kennedy Report 1997) have paid attention to attracting greater numbers of disabled students onto Access programmes. Tomlinson concluded that progress had been made, and that this was largely due to the efforts of colleges of further education. To a certain extent this is also reflected in this research, in that there is evidence that some colleges are making an effort to include their disabled students, and where they do this has an impact upon the relationships between disabled and non-disabled students. We would not feel confident about making any generalised statements about this, however, because the situation appears to be as unpredictable in further education as it does anywhere else.

What we did find was that deaf students continue to be underrepresented on Access programmes, and that the Access programmes where disabled and non-disabled students experienced a measure of integration were located in colleges which had taken some sort of lead over disability issues. Furthermore, there were differences in the response to, and the behaviour of, deaf students in comparison to dyslexic students with regard to relationships with non-disabled students. Some of this can be attributed to the point at which a diagnosis of deafness or dyslexia is made. Deaf people usually have more time to adjust to their deafness and the reaction of the world around them. It is not that they are necessarily more cynical

about their relationships with hearing people, but that they are more 'knowing' and usually more aware of their identity as a deaf person. Furthermore, there are many stereotypical images in western culture about deaf people as 'outsiders' (Higgins, 1980), whereas dyslexia is less defined as a stereotype and the behaviour of non-disabled students towards dyslexic students was more difficult to categorise.

Finally, a common theme throughout the research was the way in which deaf and dyslexic students integrated with, and supported, each other. This was especially the case on those Access programmes where they felt isolated from the main student group, but was also true on other Access programmes with a higher level of integration. Perhaps this indicates that even where the effort is made to include disabled students, it never really feels equal.

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